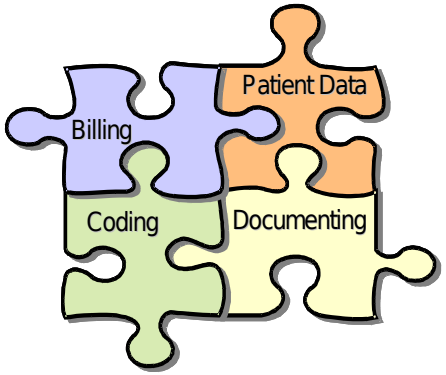
CORE COMPETENCIES

2005 UBU/UBO Conference
UBO Advanced (Track 4)

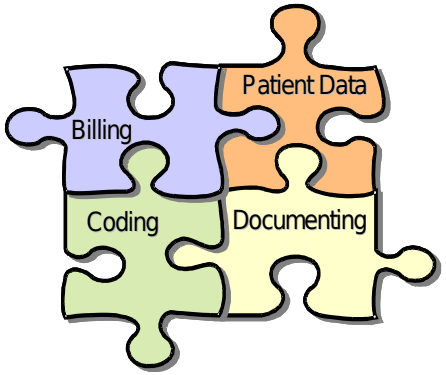


Wednesday - May 18

Contents:

1. Ambulatory Payment Classifications (APC's) – Let's get our feet wet regarding Institutional Outpatient B illing (Borchert, Robert)
2. How to become a Certified Biller - AAHAM National Certification Opportunities (Forrester, Del l; Dunphy, Rose)
3. OHI "The Heartbeat of TPC" (Sweny, Tabhan,Collins, McClary and Pelky)
4. Revenue Codes: Know when to Fix and When to Hold! (Borchert, Robert)

CORE COMPETENCIES



Ambulatory Payment Classifications (APC's) – Let's get our feet wet regarding Institutional Outpatient Billing

Rob Borchert

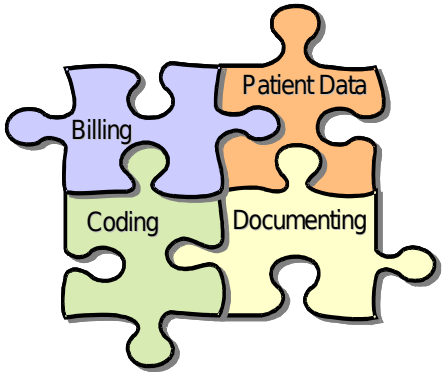
May 18, 2005

Track 4: UBO

CORE COMPETENCIES

AGENDA TOPICS:

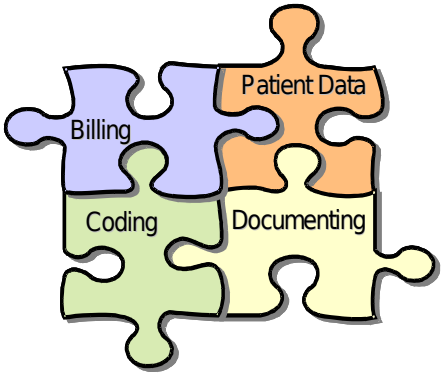
Disclaimer: Information only – not applicable to the MHS



- Brief History and Update
- Differences between PPS and OPPS
- Preparing for the “APC Mechanics” for payment
- Understanding the role of the Charge Master and the Health Information Management Department
- What will be involved?

CORE COMPETENCIES

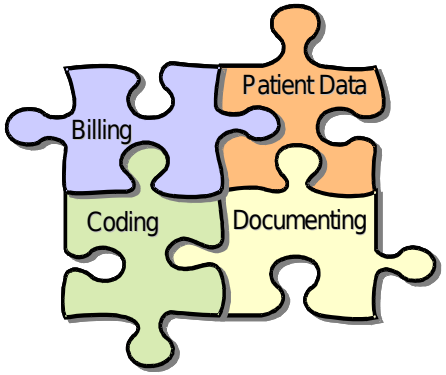
Brief History and Update:



- OBRA 1986 - called for OPPS
- 1991 - 3M delivers APGs Version 1.0
- 1995 - 3M delivers APGs Version 2.0
- 1997 - Balanced Budget Act mandate
- 1998 - HCFA develops APCs (different from APGs)[June ‘99 Update]
- 1999 - BBRA makes revisions to APCs
- 2000 - Implement APCs in August, 2000

CORE COMPETENCIES

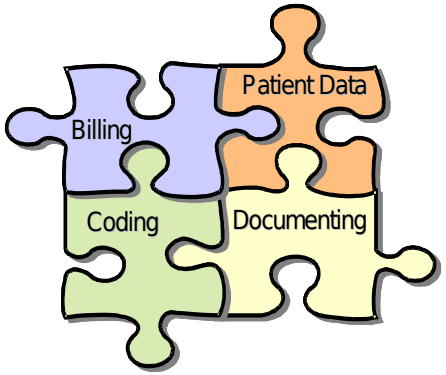
Difference between PPS & OPPS



Inpatient	Outpatient	Implication
Phased in over 5 yrs	Potentially No Phase In	Full Impact Immediate
Extensive payment adjustments	Minimal payment adjustments	Greater financial risk
Payment rates generous	Payment rates are constrained	Greater financial pressure
No volume adjustment	Volume adjustment possible	Greater financial uncertainty
No discounting	Coinsurance amount can be discounted	Competition for patients based on price

CORE COMPETENCIES

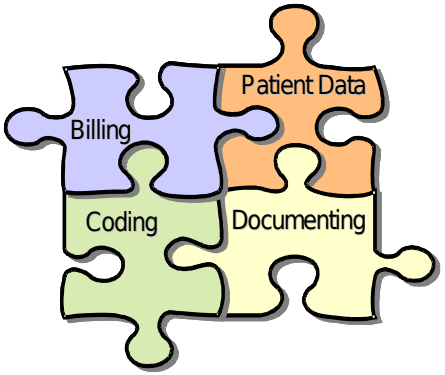
Difference between PPS & OPPS



Inpatient	Outpatient	Implication
Opportunity to shift costs to O/P	No opportunity to shift costs	Less financial flexibility
Site of care substitution possible	No possibilities for site of care substitution	Less management flexibility
Useable I/P data readily available	Useable O/P data NOT readily available	Greater difficulty preparing for OPPS
Processes for preparing accurate claims in place	Process for preparing accurate claims data NOT in place	More claim denials and lost revenue
Straightforward mgmt reporting	Multiple APC's make reporting more difficult	Obtaining mgmt info will be more difficult

CORE COMPETENCIES

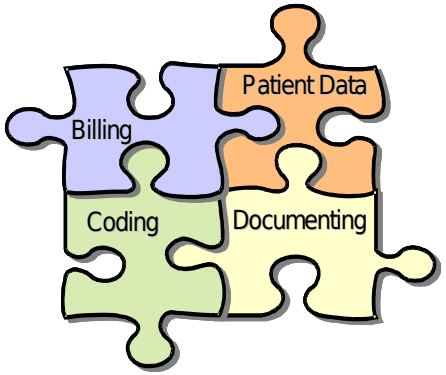
Difference between PPS & OPPS



Inpatient	Outpatient	Implication
Cost measurements fairly easy to identify	Cost measurements can be difficult to identify	MUST have better tracking for benefits
One episode of care equals one payment	One episode of care can involve multiple pymts	Tracking/monitoring very important
One episode of care based on ICD-9 codes	Episodes of care based on CPT-4 procedures	Greater difficulty in capturing all services
Part A Medicare does not require modifiers in payment rate	Modifiers extremely important to get proper payment	Systems and manual intervention to capture correct data
Focused 'centralized' care	'Decentralized' care	Many 'hands' needing coordination

CORE COMPETENCIES

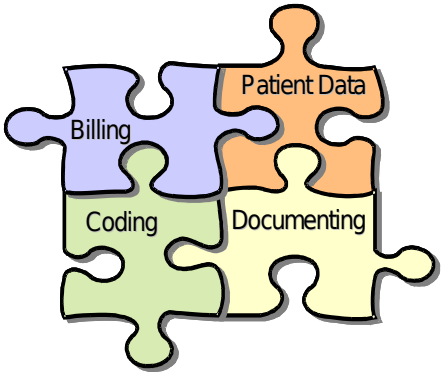
Summary of Differences



- More immediate and greater financial risk
- Less flexibility in adapting to the system
- More difficulty in establishing necessary processes and infrastructure
- Information systems are critical in supporting new process changes!

CORE COMPETENCIES

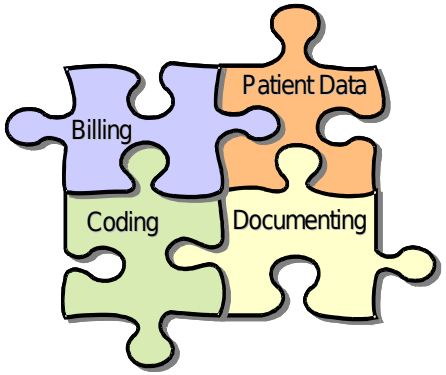
Payment Methodologies



- Currently based on different payment methods, such as
  - *fee schedules*
  - *blended payment methods*
  - *cost-based payments*
- Outpatient PPS will be based on a conversion factor ($54.561) X the relative weight of the CPT/HCPCS or APC
- Hospital O/P Services;
- Certain Part B services;
- Partial Hospital svcs by community mental health

CORE COMPETENCIES

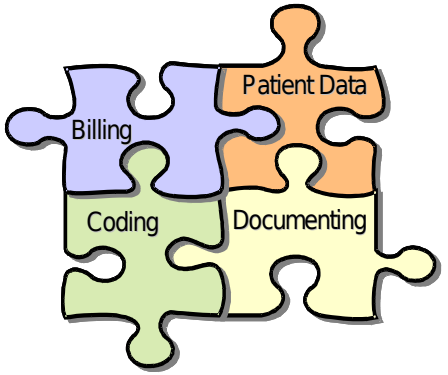
Outpatient PPS Reimbursement



- I/P = I/P
- National Fee Schedules such as Lab, Therapy, etc. (for now)
- Physician Services
- APCs =
  - Amb. Surgery,Radiology, Oncology, Emergency Dept., Clinics, Cardiology, Pulmonary, “Special Areas”
- OPPS payment will include package:
  - Prep, OR, Recovery, Observation, supplies, incidentals
- Significant Procedures
- Medical Visits
- Specific Drugs & Devices

CORE COMPETENCIES

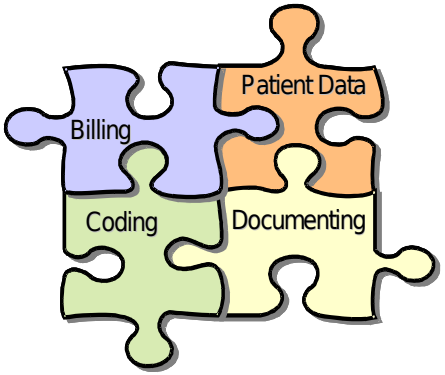
What Data Is Needed for APCs?



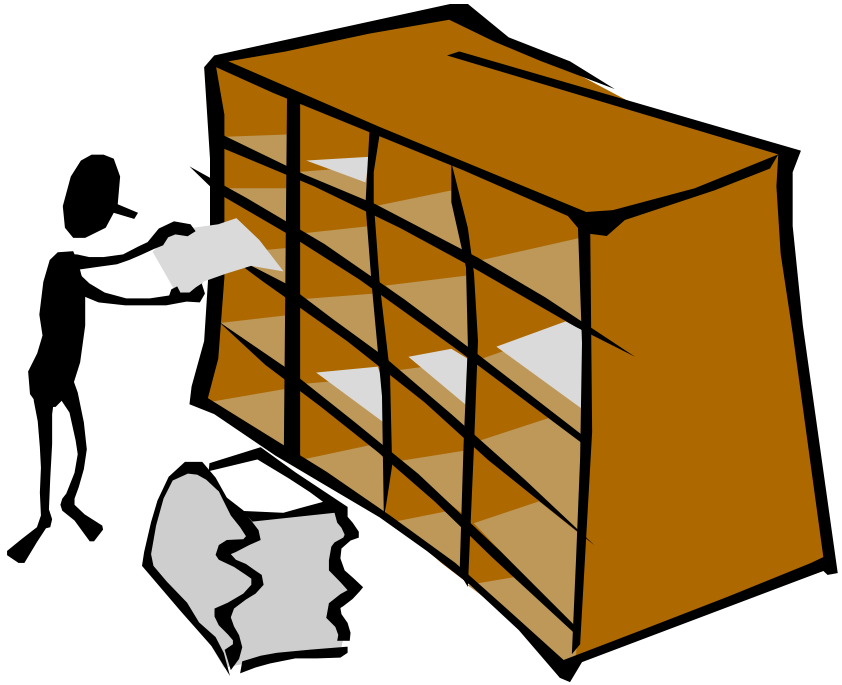
- Calculate the APC:
  - HCPCs/CPT 4 procedure codes
- Processing:
  - Diagnosis Code (s) - From/thru dates
  - Bill type (form locator 4) - Sex, DOB
  - Condition Codes (form locator 24-30)
  - Line item elements
    - Revenue code HCPCs/CPT 4 code
    - Line item date of service Units of service
    - Line item charge

CORE COMPETENCIES

Total APC Groups by Descending Resource Intensity



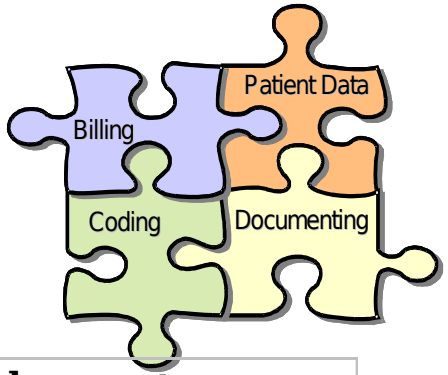
- Significant: 79 APCs
- Surgical Procedures, (Discount): 149 APCs
- Ancillary: 39 APCs
- Medical Visits:7 APCs
- Drugs, bios/blood: 161
- New Tech: 15APCs
- Partial Hosp: 1 APC
- *TOTAL: 451 APCs**



*Total APCs have changed for 2005

CORE COMPETENCIES

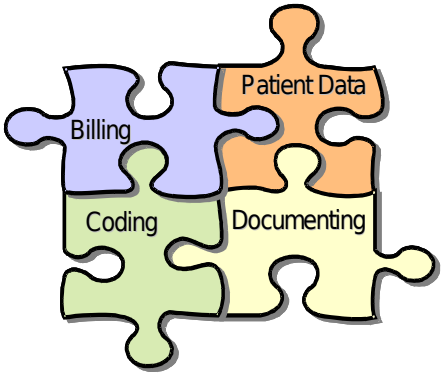
Listing of Status Indicators in Federal Register



Indicator	Description	Re-Imbursement
A	DME	DMEPOS Fee Schedule
A	Physical, Occupational and Speech Therapy	Physician Fee Schedule
A	Ambulance	Ambulance Fee Schedule
A	EPO for ESRD Patients	National Rate
A	Clinical Diagnostic Laboratory Services	Laboratory Fee Schedule
A	Physician Services for ESRD Patients	Physician Fee Schedule
A	Screening Mammography	Physician Fee Schedule
C	Inpatient Procedures	Not Payable under OPPS; Bill as Inpatient
D	Deleted Code	Deleted Effective Beginning of Calendar Year
E	Non-Covered Items and Services, Codes not Reportable.	Not Paid Under Medicare.
F	Acquisition of Corneal Tissue	Paid at Reasonable Cost
G	Drug/Biological Pass-Through	Paid Under OPPS;
H	Device Category Pass-Through	Paid Under OPPS;
K	Non Pass-Through Drug/Biological, Certain Brachytherapy seeds	Paid Under OPPS; Separate APC
N	Items and Services Packaged into APC Rate	Paid under OPPS; Payment Is Packaged.
P	Partial Hospitalization	Paid under OPPS; Per Diem APC
S	Significant Procedure, Not Discounted When Multiple	Paid Under OPPS; Separate APC
T	Significant Procedure, Multiple Procedure Reduction Applies	Paid Under OPPS; Separate APC
V	Visit to Clinic or Emergency Department	Paid Under OPPS; Separate APC
X	Ancillary Service	Paid Under OPPS; Separate APC

CORE COMPETENCIES

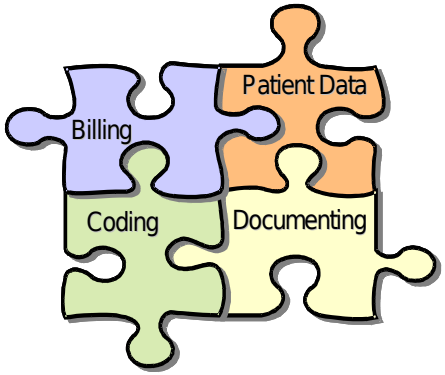
AMBULATORY PATIENT GROUPS



- CAN HAVE: Significant Procedure and Ancillary APCs together; Medical APC and Ancillary APCs together; or Multiple Ancillary APCs
- CAN HAVE: Significant Procedure and Medical APCs together (mod 25)

CORE COMPETENCIES

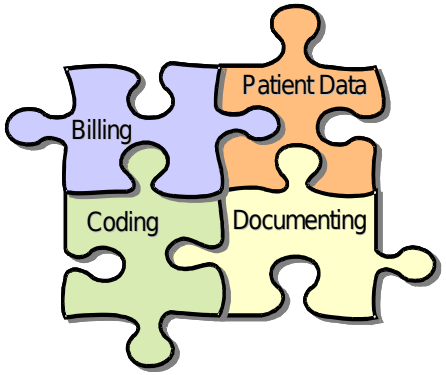
SIGNIFICANT PROCEDURES



- Specific CPT-4 CODES based on the Medicare Data Base Review (“S”)
- They are paid at 100%!
- SP’s are primarily Radiology,Nuclear Medicine, Psychotherapy, Cardiology and Chemotherapy
- NEW - Strapping & Cast application, Colorectal cancer screens, and blood/blood products.

CORE COMPETENCIES

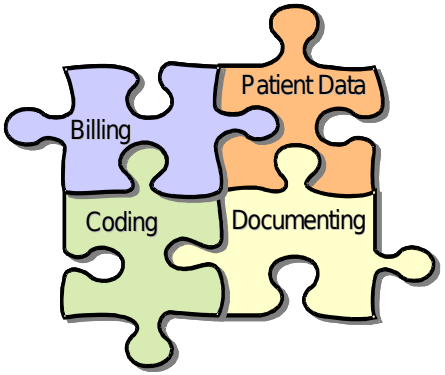
AMBULATORY SURGERY PROCEDURES



- O/P Ambulatory Procedures are directly associated with a unique CPT-4 CODE
- Procedures are grouped into the appropriate body system based on CPT-4 codes (“T”)
- Then sub-divided into clinically similar classes such as “site, extent, purpose, method, medical specialty, etc.
- If multiple, they are “bundled” based on the most resource-intensive for discounting

CORE COMPETENCIES

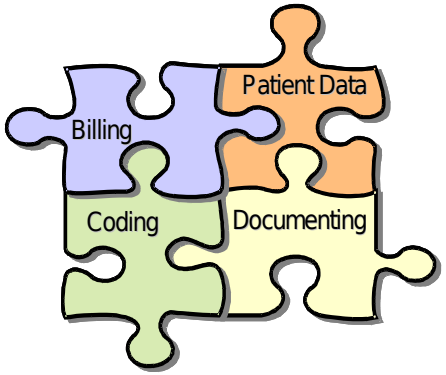
MEDICAL APC's ("V")



- Driven by the E&M code plus the ICD-9 code (reason) for the medical visit
- Must include all E&M codes on UB-92
- If medical visit, a "V" code for diagnosis should NOT be used (ABN)
- Significant and a Medical APC may be assigned - if "different" reason use Mod "25"

CORE COMPETENCIES

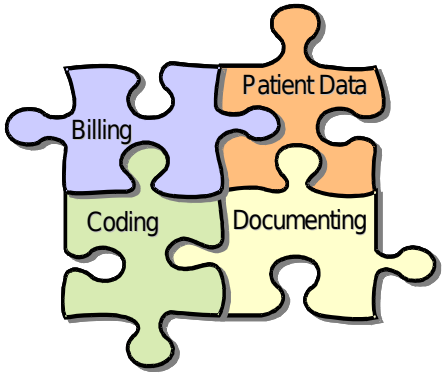
ANCILLARY SERVICES ("X")



- Those tests and procedures "ordered" by a physician to ASSIST in patient diagnosis or treatment (HIPAA law)
- Ancillary procedures are immunizations, plain films, injections, pathology, audiometry, pulmonary, etc.
- NEW - "J" codes for recognized drugs.
- No E & M code found in the service

CORE COMPETENCIES

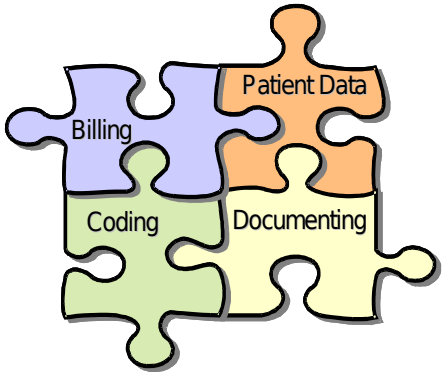
PACKAGING SERVICES

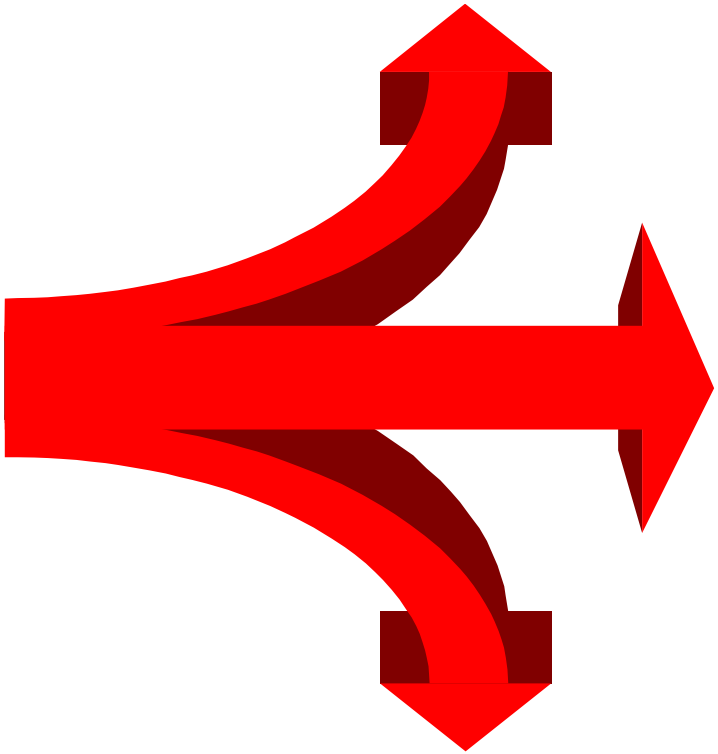


- Means the inclusion of routinely performed ancillary services in the reimbursement of an APC. There are many routine, low-cost ancillary procedures or tests (routine urinalysis) Payment indicator “N”
- When *packaged*, there is no separate payment for these routine procedures or tests.

CORE COMPETENCIES

What happens during APC assignment?

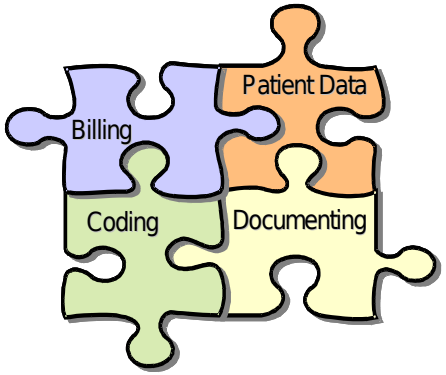




- UnBundles and Bundles codes
- Captures total services and groups into APC
- Opens “Window”
- Captures cost and charge data
- Connects “clinical pathways”

CORE COMPETENCIES

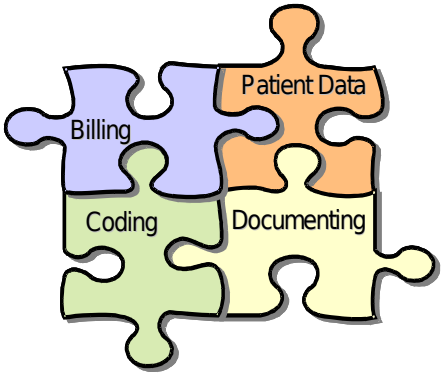
Federal Register



CPT/ HCPCS	SI	Description	APC	Relative Weight	Payment Rate	Total APC Payment	Coinsurance	Medicare Payment
11001	T	Debride infected skin add-on	0012	0.7612	$ 41.53	$ 38.12	$ 10.26	$ 27.86
11010	T	Debride skin, fx	0019	3.9493	$ 215.48	$ 197.81	$ 65.98	$ 131.83
11011	T	Debride skin/muscle, fx	0019	3.9493	$ 215.48	$ 197.81	$ 65.98	$ 131.83
11012	T	Debride skin/muscle/bone, fx	0019	3.9493	$ 215.48	$ 197.81	$ 65.98	$ 131.83
11040	T	Debride skin, partial	0015	1.5968	$ 87.12	$ 79.97	$ 18.68	$ 61.29
11041	T	Debride skin, full	0015	1.5968	$ 87.12	$ 79.97	$ 18.68	$ 61.29
11042	T	Debride skin/tissue	0016	2.5724	$ 140.35	$ 128.84	$ 52.61	$ 76.23
11043	T	Debride tissue/muscle	0016	2.5724	$ 140.35	$ 128.84	$ 52.61	$ 76.23
11044	T	Debride tissue/muscle/bone	0682	8.0790	$ 440.80	$ 404.65	$ 160.25	$ 244.39
11055	T	Trim skin lesion	0012	0.7612	$ 41.53	$ 38.12	$ 10.26	$ 27.86
11056	T	Trim skin lesions, 2 to 4	0012	0.7612	$ 41.53	$ 38.12	$ 10.26	$ 27.86
11057	T	Trim skin lesions, over 4	0013	1.1302	$ 61.66	$ 56.60	$ 13.04	$ 43.57
11100	T	Biopsy, skin lesion	0018	0.9178	$ 50.08	$ 45.97	$ 14.72	$ 31.25
11101	T	Biopsy, skin add-on	0018	0.9178	$ 50.08	$ 45.97	$ 14.72	$ 31.25
11200	T	Removal of skin tags	0013	1.1302	$ 61.66	$ 56.60	$ 13.04	$ 43.57
11201	T	Remove skin tags add-on	0015	1.5968	$ 87.12	$ 79.97	$ 18.68	$ 61.29
11300	T	Shave skin lesion	0012	0.7612	$ 41.53	$ 38.12	$ 10.26	$ 27.86
11301	T	Shave skin lesion	0012	0.7612	$ 41.53	$ 38.12	$ 10.26	$ 27.86
11302	T	Shave skin lesion	0012	0.7612	$ 41.53	$ 38.12	$ 10.26	$ 27.86
11303	T	Shave skin lesion	0015	1.5968	$ 87.12	$ 79.97	$ 18.68	$ 61.29
11305	T	Shave skin lesion	0013	1.1302	$ 61.66	$ 56.60	$ 13.04	$ 43.57
11306	T	Shave skin lesion	0013	1.1302	$ 61.66	$ 56.60	$ 13.04	$ 43.57
11307	T	Shave skin lesion	0013	1.1302	$ 61.66	$ 56.60	$ 13.04	$ 43.57

CORE COMPETENCIES

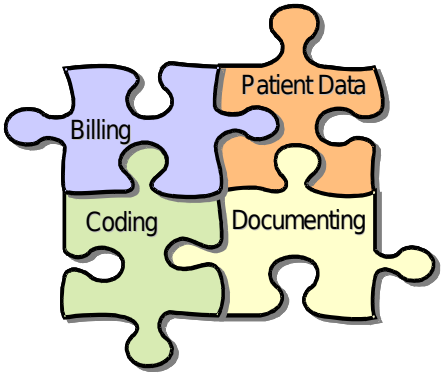
Federal Register



CPT/ HCPCS	SI	Description	APC	Relative Weight	Payment Rate	Total APC Payment	Coinsurance	Medicare Payment
23600	T	Treat humerus fracture	0043	1.9074	$ 104.07	**$ 95.53**	**$ -**	**$ 95.53**
23605	T	Treat humerus fracture	0043	1.9074	$ 104.07	**$ 95.53**	**$ -**	**$ 95.53**
23615	T	Treat humerus fracture	0046	32.5581	$ 1,776.40	**$ 1,630.70**	**$ 491.82**	**$1,138.88**
23616	T	Treat humerus fracture	0046	32.5581	$ 1,776.40	**$ 1,630.70**	**$ 491.82**	**$1,138.88**
23675	T	Treat dislocation/fracture	0043	1.9074	$ 104.07	**$ 95.53**	**$ -**	**$ 95.53**
23680	T	Treat dislocation/fracture	0046	32.5581	$ 1,776.40	**$ 1,630.70**	**$ 491.82**	**$1,138.88**
23700	T	Fixation of shoulder	0045	13.5889	$ 741.42	**$ 680.61**	**$ 246.45**	**$ 434.16**
23800	T	Fusion of shoulder joint	0051	34.5144	$ 1,883.14	**$ 1,728.68**	**$ -**	**$1,728.68**
23802	T	Fusion of shoulder joint	0051	34.5144	$ 1,883.14	**$ 1,728.68**	**$ -**	**$1,728.68**
23900	C	Amputation of arm & girdle		.	$ -	**$ -**	**$ -**	**$ -**
23920	C	Amputation at shoulder joint		.	$ -	**$ -**	**$ -**	**$ -**
23921	T	Amputation follow-up surgery	0025	5.1912	$ 283.24	**$ 260.01**	**$ 98.22**	**$ 161.78**
23929	T	Shoulder surgery procedure	0043	1.9074	$ 104.07	**$ 95.53**	**$ -**	**$ 95.53**

CORE COMPETENCIES

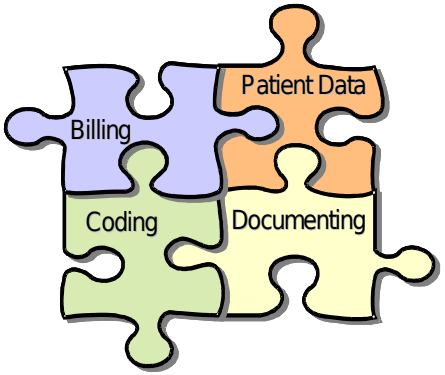
Federal Register



CPT/ HCPCS	SI	Description	APC	Relative Weight	Payment Rate	Total APC Payment	Coinsurance	Medicare Payment
76529	S	Echo exam of eye	0265	1.0289	$ 56.14	**$ 51.54**	**$ 25.77**	**$ 25.77**
76536	S	Us exam of head and neck	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76604	S	Us exam, chest, b-scan	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76645	S	Us exam, breast(s)	0265	1.0289	$ 56.14	**$ 51.54**	**$ 25.77**	**$ 25.77**
76700	S	Us exam, abdom, complete	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76705	S	Echo exam of abdomen	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76770	S	Us exam abdo back wall, comp	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76775	S	Us exam abdo back v	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76778	S	Us exam kidney transplant	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76800	S	Us exam, spinal canal	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76801	S	Ob us < 14 wks, single fetus	0265	1.0289	$ 56.14	**$ 51.54**	**$ 25.77**	**$ 25.77**
76802	S	Ob us < 14 wks, add'	0265	1.0289	$ 56.14	**$ 51.54**	**$ 25.77**	**$ 25.77**
76805	S	Us exam, pg uterus, compl	0266	1.6117	$ 87.94	**$ 80.73**	**$ 40.36**	**$ 40.36**
76810	S	Us exam, pg uterus, mult	0265	1.0289	$ 56.14	**$ 51.54**	**$ 25.77**	**$ 25.77**

CORE COMPETENCIES

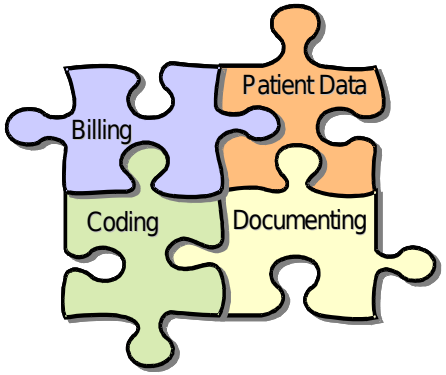
Federal Register



CPT/ HCPCS	SI	Description	APC	Relative Weight	Payment Rate	Total APC Payment	Coinsurance	Medicare Payment
99275	V	Confirmatory consultation	0602	1.5041	$ 82.07	**$ 75.34**	**$ -**	**$ 75.34**
99281	V	Emergency dept visit	0610	1.3691	$ 74.70	**$ 68.57**	**$ 17.96**	**$ 50.61**
99282	V	Emergency dept visit	0610	1.3691	$ 74.70	**$ 68.57**	**$ 17.96**	**$ 50.61**
99283	V	Emergency dept visit	0611	2.3967	$ 130.77	**$ 120.04**	**$ 33.19**	**$ 86.85**
99284	V	Emergency dept visit	0612	4.1476	$ 226.30	**$ 207.74**	**$ 49.68**	**$ 158.06**
99285	V	Emergency dept visit	0612	4.1476	$ 226.30	**$ 207.74**	**$ 49.68**	**$ 158.06**
99288	B	Direct advanced life support		.	$ -	**$ -**	**$ -**	**$ -**
99289	N	Pt transport, 30-74 min		.	$ -	**$ -**	**$ -**	**$ -**
99290	N	Pt transport, addl 30 min		.	$ -	**$ -**	**$ -**	**$ -**
99291	S	Critical care, first hour	0620	8.9992	$ 491.01	**$ 450.74**	**$ 130.63**	**$ 320.11**
99292	N	Critical care, add'l 30 min		.	$ -	**$ -**	**$ -**	**$ -**

CORE COMPETENCIES

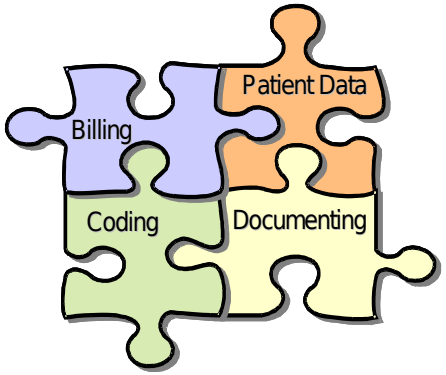
Outpatient Code Editor



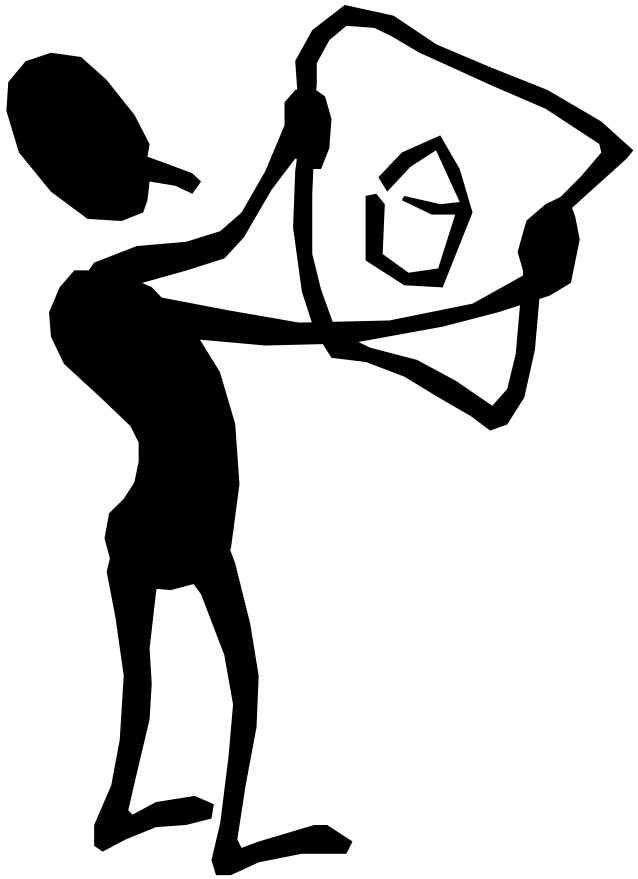
- Demographics
  - age and sex
- Diagnosis code validation
- Procedure code validation
- National Correct Coding Initiative
- Processing Errors
- Partial Hospitalization

CORE COMPETENCIES

WHAT IS THE OUTPUT?

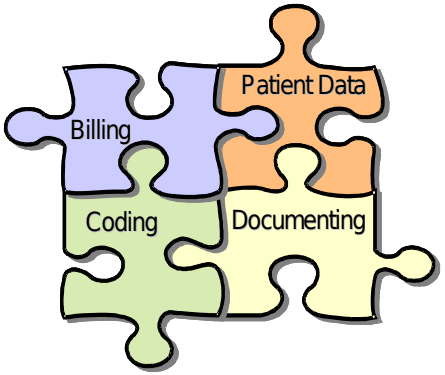


- Single svc = 1 APC
- Multiple svcs = Single or Multiple APC's
- One UB-92 with Single or Multiple APC's
- Packaged, grouped svcs at 'no charge'
- Combination of things



CORE COMPETENCIES

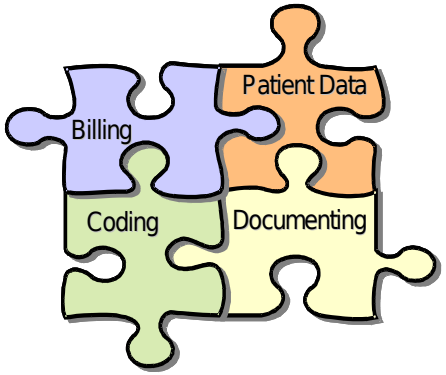
Preparing Patient Encounter Processing for APC Mechanics

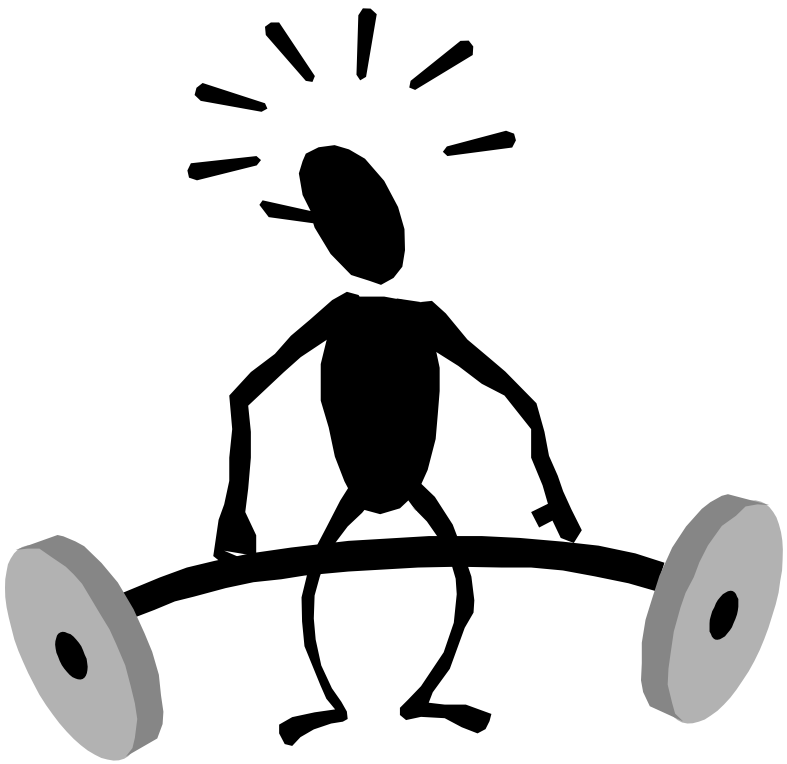


- What is the role of the Charge Master?
- What is the role of the Master Patient Index?
- What data media will control the process?
- Will ‘required’ fields control the process?
- What type of “maze” will the system go through due to payor requirements?
- What type of “manual” changes must probably happen?

CORE COMPETENCIES

Cost Factors for control

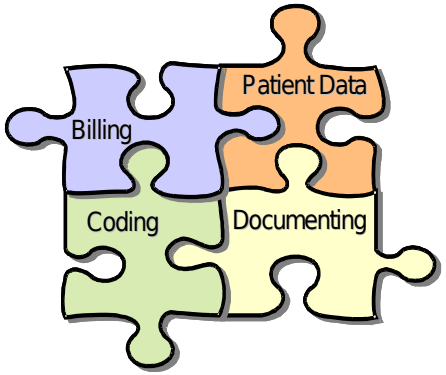




- Costs need to be monitored for APC information
- Multiple tests can be high cost with low reimbursement
- Costs built from item cost to APC reimbursement decision point

CORE COMPETENCIES

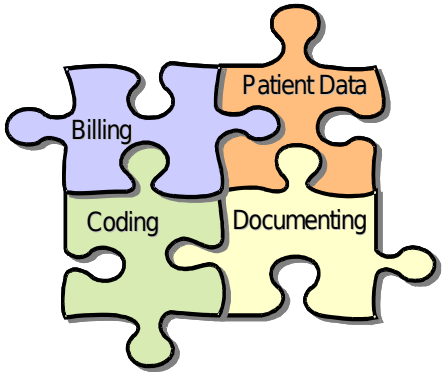
Costing for Financial Modeling



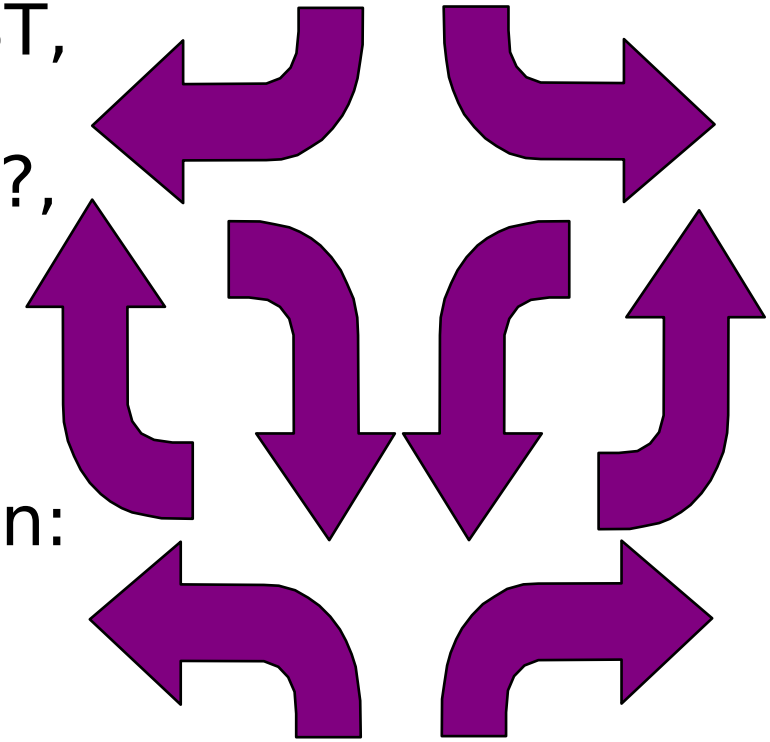
- *Be Realistic!*
- Charge Master info *if it contains costs*
- Clinical Pathways type costing to identify minimal costs for profit/loss consideration
- Medical Pathways need to be understood
- Line item costing to model activity-based APC's
- Utilizing various cost analyses such as RBRVS, Lab units, etc
- Levels of reimburse-ment change "just because"…
- Decision making expectations!

CORE COMPETENCIES

Where does it fit in the Patient Accounting Flow?

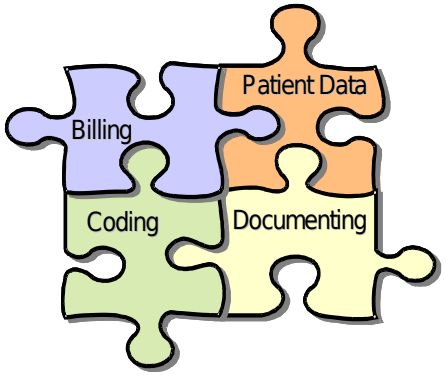


- At the very FIRST, FIRST, FIRST encounter with the patient!Scheduling?, ER?
- Where does the ‘definition’ begin?
- “Window” consideration:
  - Timing and
  - Care Site



CORE COMPETENCIES

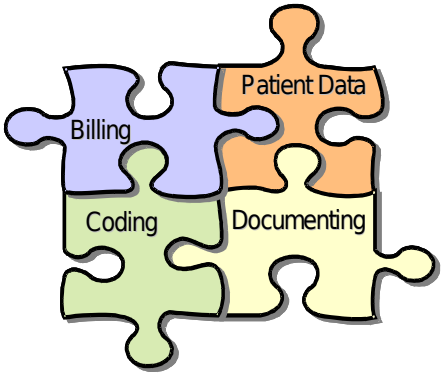
“Source” of information and delivery to the *coder?*



- Initial Patient Encounter with clinician(form)
- Defined procedural action and diagnosis (Medical Record documentation)
- Training/education
- ‘Cheat Sheet’(Compliance APC)
- Related history(system)

CORE COMPETENCIES

Why Bother Training?

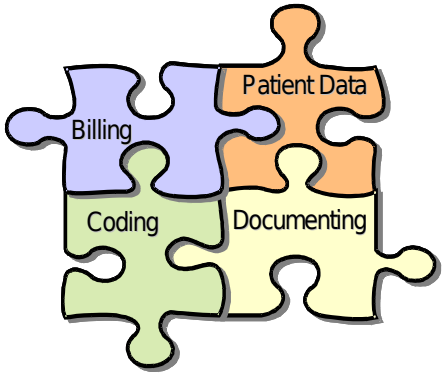


- Important regardless of payment system
  - current payments under blend
  - future payments under OPPS

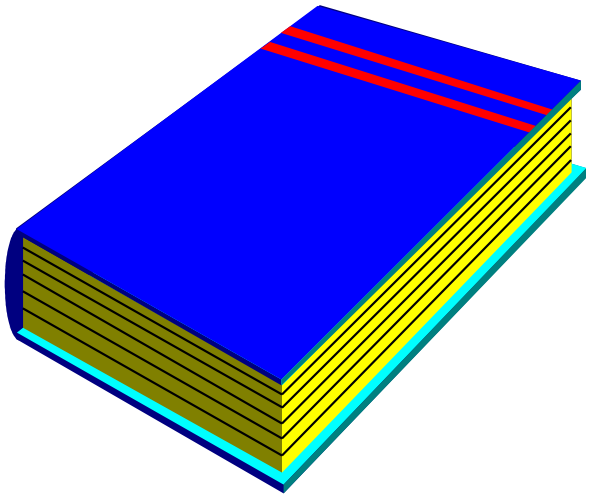
  Who is doing the coding for your Outpatient Services?
- Changing times in outpatient coding
  - Modifers
  - E/M Potential
  - Common Working File
  - Medical Necessity
  - Fraud & Abuse
  - OPPS

CORE COMPETENCIES

Focusing on Training Specifics

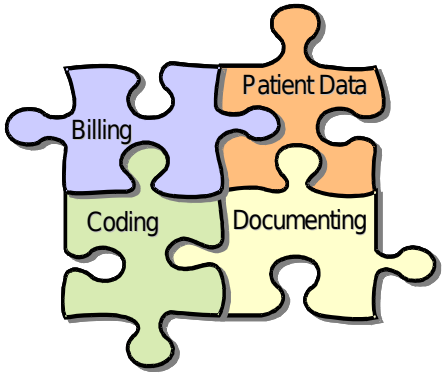


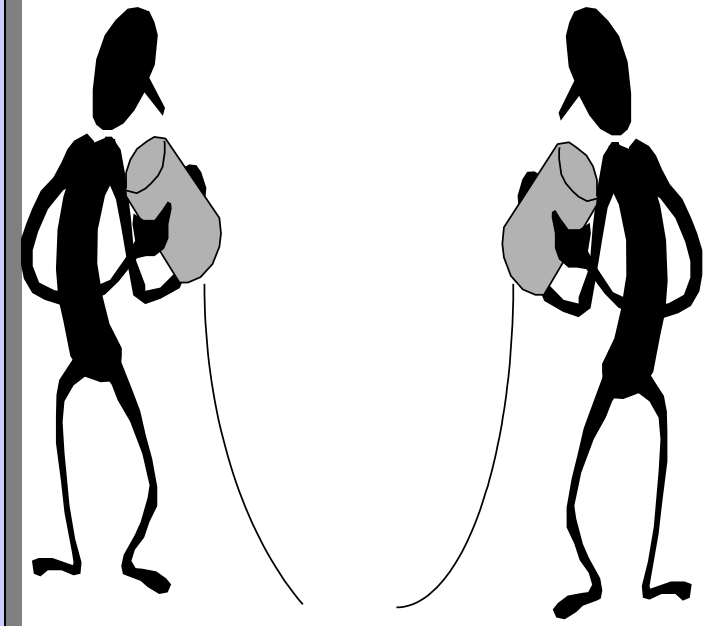
- Documentation- starting point in accurate coding
- Coding - drives the APC; the CPT/ICD/HCPCS; CDM vs. HIM
- Billing - key component that ties above to financial impact



CORE COMPETENCIES

Training Specific Documentation

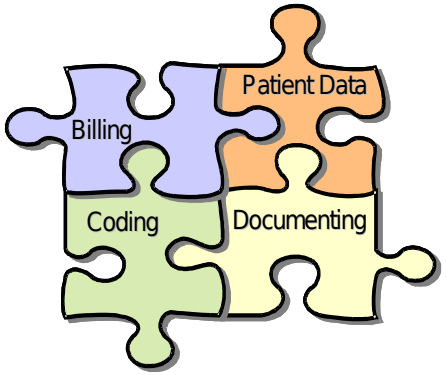




- Point of entry
  - registration/scheduling
  - physician referrals
- Point of service
  - Ancillaries
  - ED
  - OR
  - Clinics
  - Other

CORE COMPETENCIES

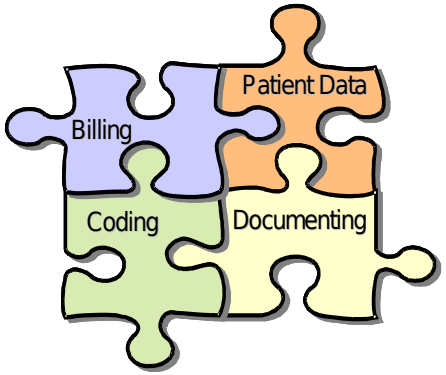
Training Specifics Coding



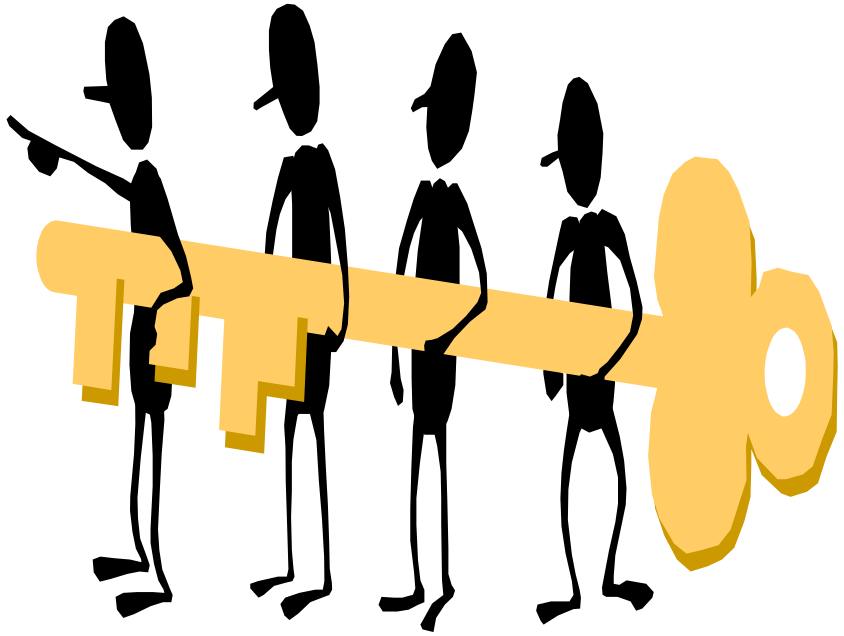
- CDM
  - ancillary departments
  - charging
  - modifiers
  - revenue codes
  - CPT
  - APC logic/impact
- HIM
  - ICD
  - CPT
  - Modifiers
  - APC logic/impact

CORE COMPETENCIES

Training Specifics
Billing

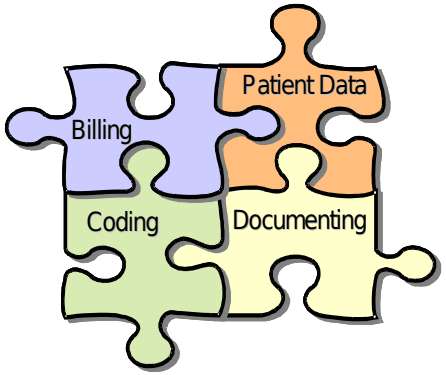


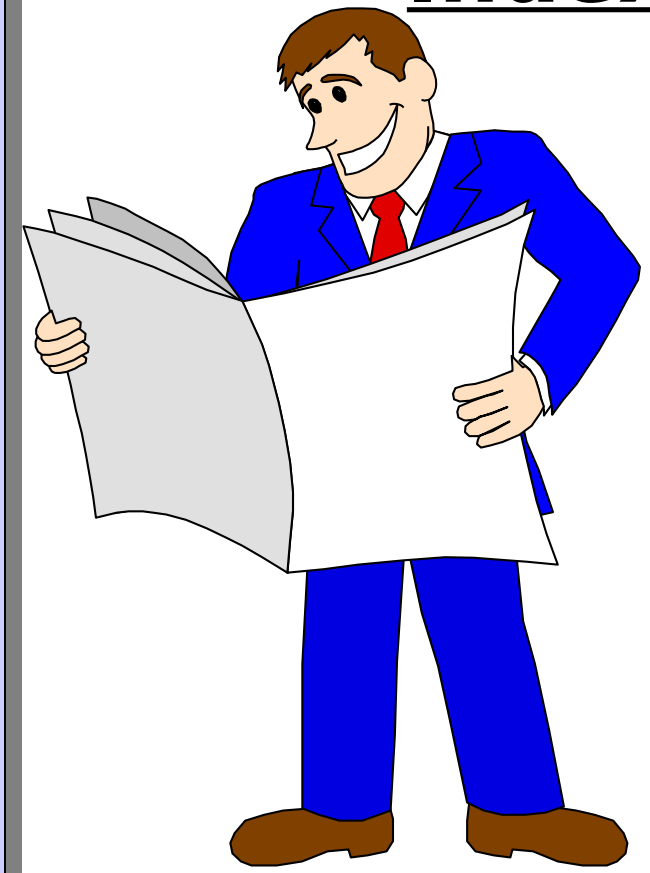
- Coordination
- Medical Necessity
- Bundling
- Appeals
- Modifiers
- APC Logic



CORE COMPETENCIES

What is the role of the Master Patient Index?

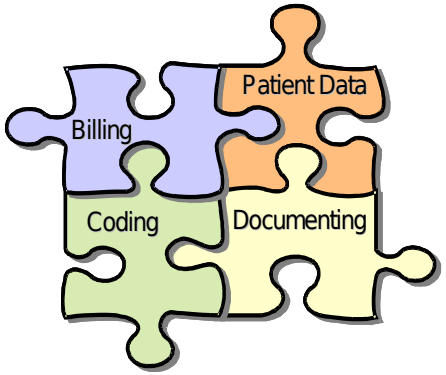




- Maintain pertinent info on ‘Encounter” services
- Interact with Grouper for financial and medical info. regarding APC’s
- Link to connect “window activity”, multiple billing systems and conversion

CORE COMPETENCIES

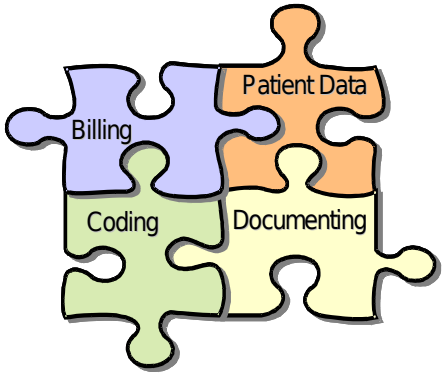
How will the billing process be affected?



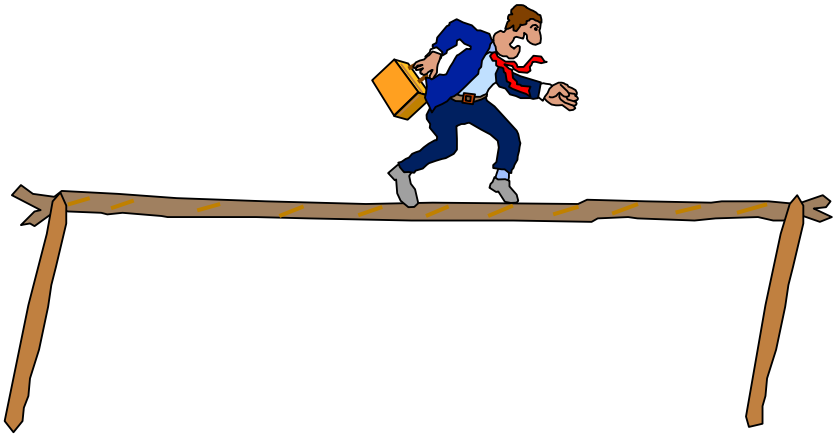
- Codes within Charge Master will need significant “flags”
- Multiple registrations will be consolidated (for certain payors)
- Total Services/ Charges comparing number of APC’s
- Contractual Allowance at time of billing?
- Unbilled to billed ‘window’ decision
- Late charges are probably manual
- How do you handle ‘series’ patients?

CORE COMPETENCIES

Balancing Patient Types and Billing Protocols

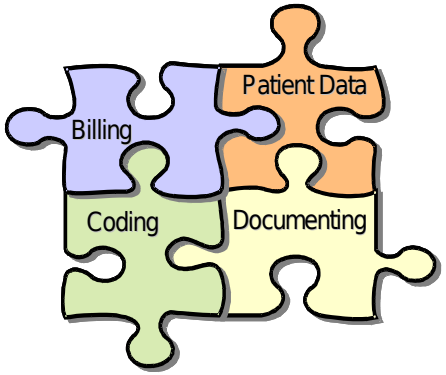


- Inpatient/Outpatient Billing Protocol Hierarchy
- Series/Recurring Patients
- Related Single Encounters-The ICD-9 Connection



CORE COMPETENCIES

What will control the Process?



- Forms can act as a Template for action
- Required fields help
- Compliance audit
- Management Decision in Action
- System upgrades

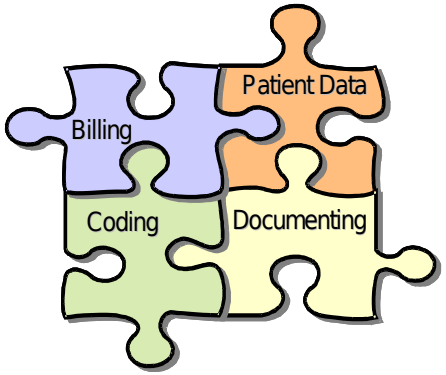
CORE COMPETENCIES

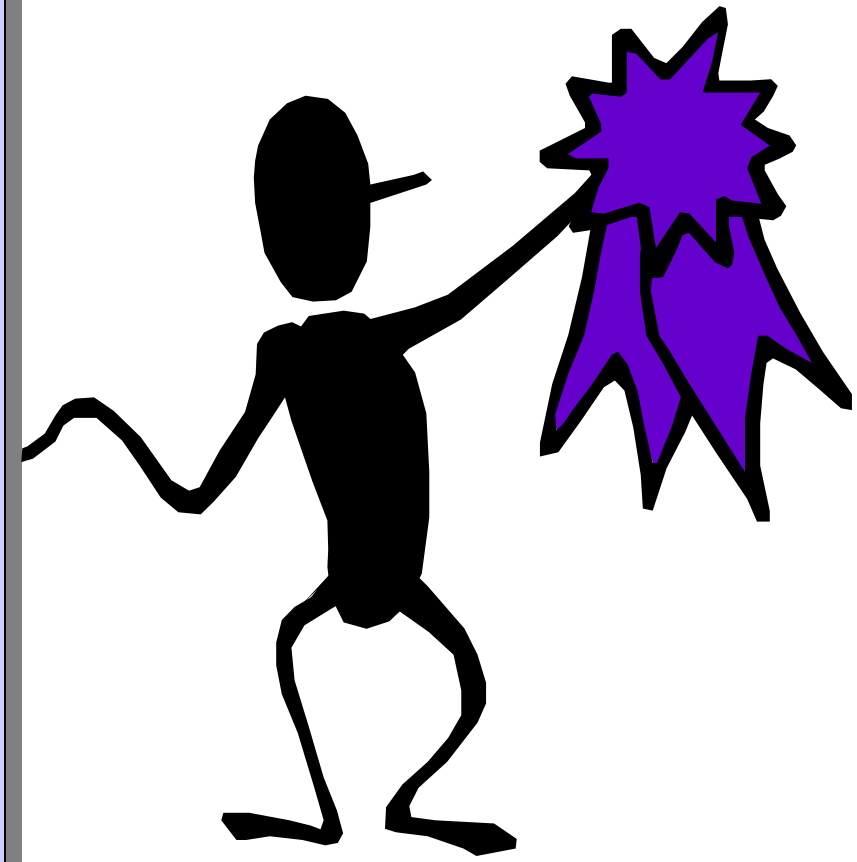
Process Assessment

- Document/Flow process
- Exam forms, data and data collection tools
- Assess system capabilities
- Identify flaws/deficiencies
- Form re-design groups
- Correct what we *know* is a problem
- Review APC pro forma info.
- Document/Flow new process

CORE COMPETENCIES

APC & Compliance: Look at them together!

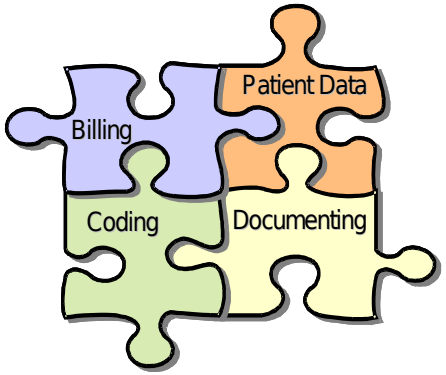




- Physicians are STILL key players in the outpatient service area
- Physicians KNOW but don’t tell (diagnosis)
- Physicians are NOT reimbursed by APC’s

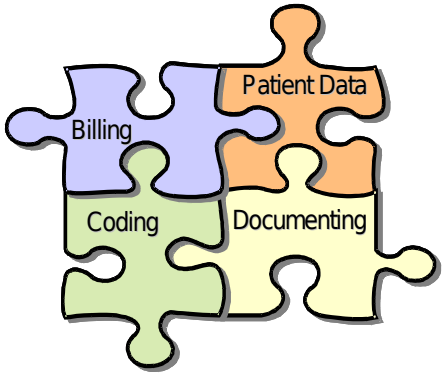
CORE COMPETENCIES

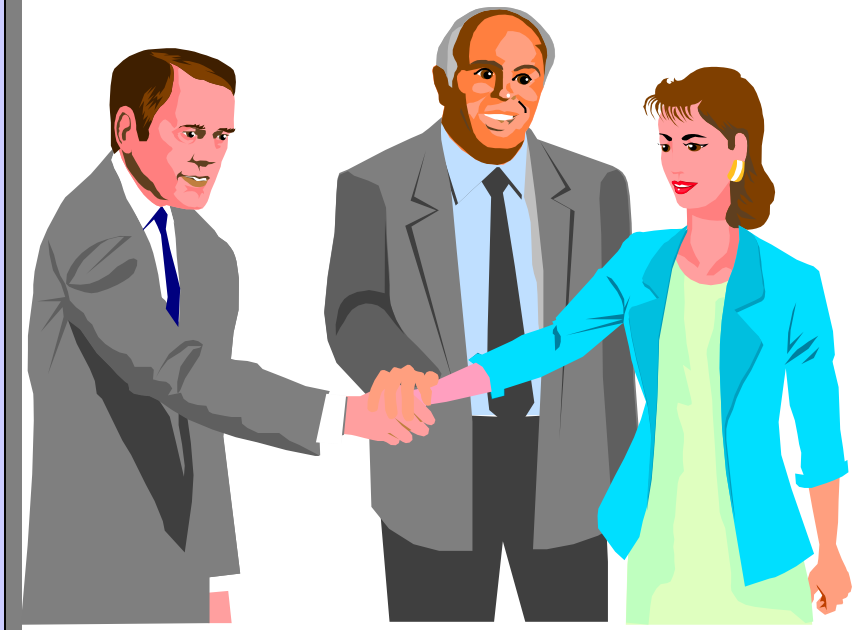
APC & Compliance: Look at them together!



- Ancillaries will need understanding and training in data collection and specificity of information
- Ancillaries should help in the identification of non-value added tests/procedures

APC & Compliance: Look at them together!

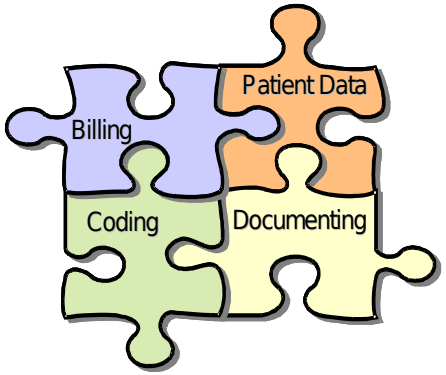




- Nursing may be one of your best “links” in education/training
- Medical Records should assist in diagnosis specificity
- Monitoring and feed-back are critical for correct assignment

CORE COMPETENCIES

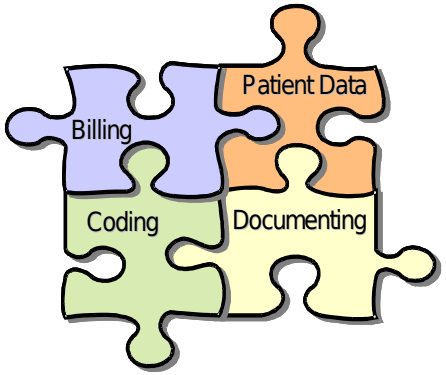
MAXIMIZE TEAM EFFORTS



- Understand and “explain” impact
- Focus on TEAM success through interaction
- Understand direction & necessity of “cost accounting”
- Maximize System integration capabilities

CORE COMPETENCIES

In Conclusion:

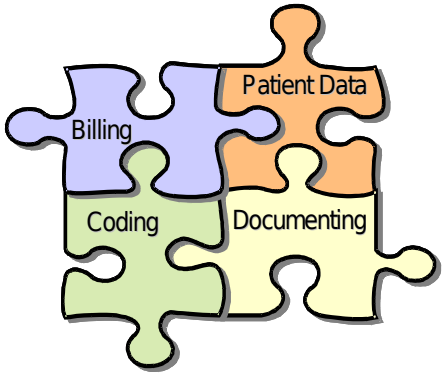


"REALITY IS THE LEADING CAUSE OF
STRESS AMONG THOSE WHO ARE IN
TOUCH WITH REALITY"

C. Everett Koop

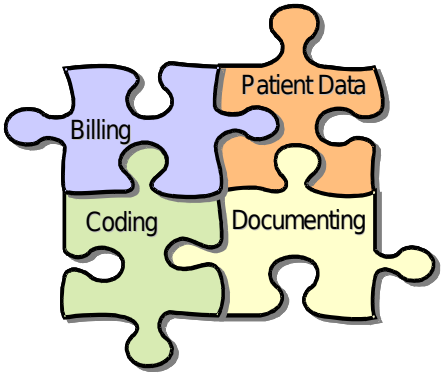
CORE COMPETENCIES

Summary



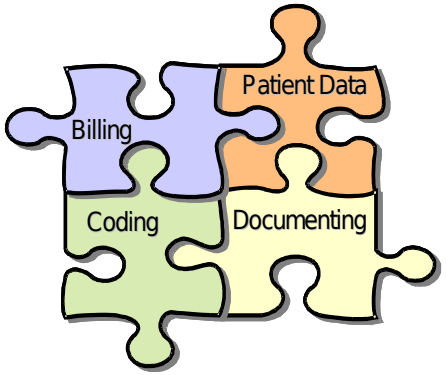
- APCs still undergoing change after five years of analysis
- Insurance companies indicate that they will be moving to APC methodology
- APCs require “line item” specificity for all services…So will “payment posting”
- APC management requires a Charge Master system

APCs
What is the Future?



- Questions?

CORE COMPETENCIES

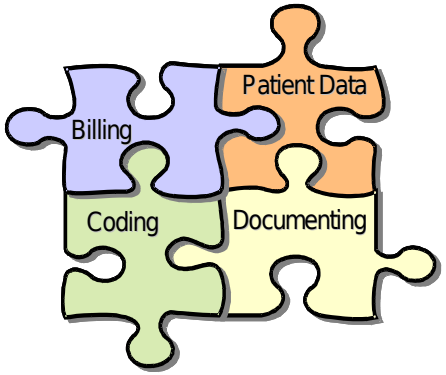


AAHAM National Certification Opportunities

Presented by
Dell Forrester, CPAM
Rose Dunphy, CPAM

CORE COMPETENCIES

AAHAM
American Association of Healthcare Administrative Management

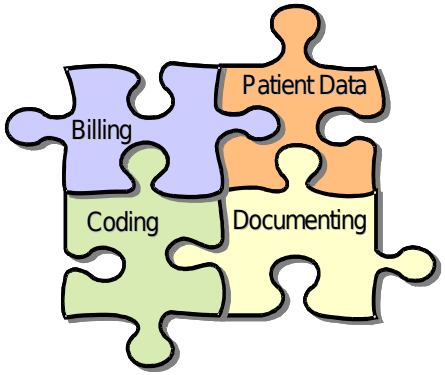


Founded in 1968 as American Guild of Patient Account Managers

Premier Professional Organization in Healthcare Administrative Management

CORE COMPETENCIES

AAHAM
American Association of Healthcare Administrative Management

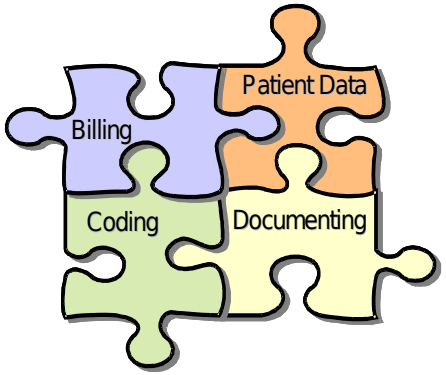


AAHAM is a National membership association that represents a broad based Constituency of healthcare professionals

Professional Development is a primary goal thru the use of publications, conferences, seminars, benchmarking, professional certification and networking.

CORE COMPETENCIES

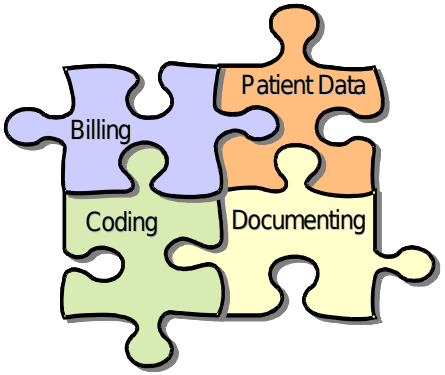
CPAT/CCAT and CPAM/CCAM Benefits



- Keep pace with the industry
- Recognition by the industry
- Personal satisfaction
- National recognition
- Professional development

CORE COMPETENCIES

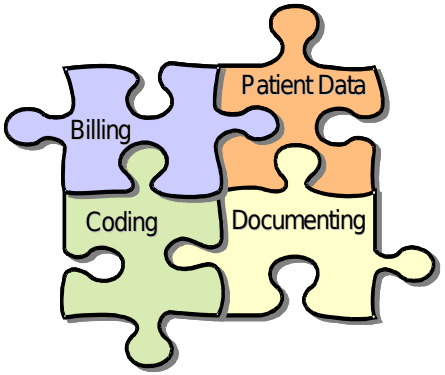
CPAT, CCAT



- Tests the proficiency of frontline staff
- Prepares them for the many changes to come.
- AAHAM offers two types of Technical Certification; the Certified Patient Account Technician (CPAT) and the Certified Clinic Account Technician (CCAT).

CORE COMPETENCIES

The Exam



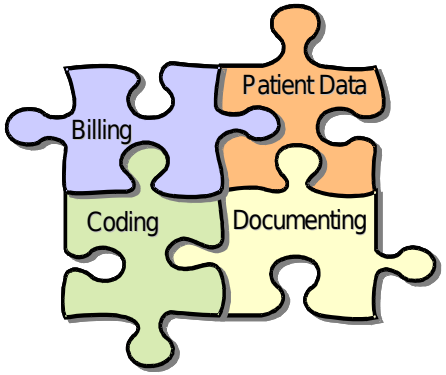
Three sections

- Patient access services
- Third party billing regulations
- Credit and collections laws

Each section has 40 questions

Two hour timed exam

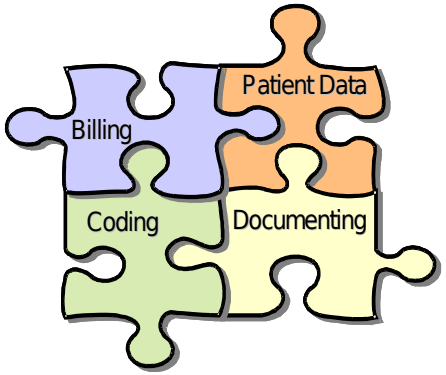
Study Materials



The Technical Certification Study Guide is included in the price of a CPAT/CCAT full or dual exam only. A 3-hour instructional VHS video is also available which compliments the study guide.

CORE COMPETENCIES

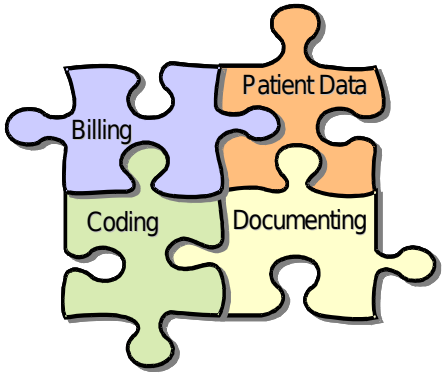
Application Process and Exam Dates



- All applications must be sent to the Certification Chair of the AAHAM Chapter in your state. (email dan@statmarketing for this information)
- Application is included in your course materials
- CPAT/CCAT is given 4 times a year – February, May, August and November

CORE COMPETENCIES

Professional Certification CPAM or CCAM

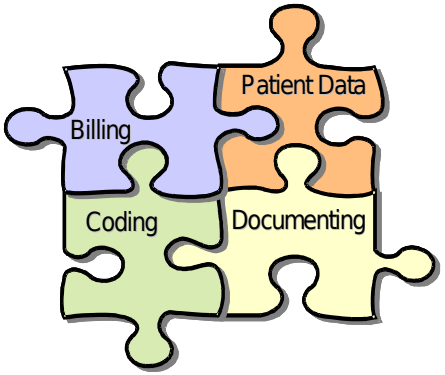


- Certification is an extensive written exam covering all aspects of patient account management
- Eligibility

  National AAHAM members who have a minimum of four years health care experience, or two years health care experience and a two-year college or university associates degree.

CORE COMPETENCIES

The Exam

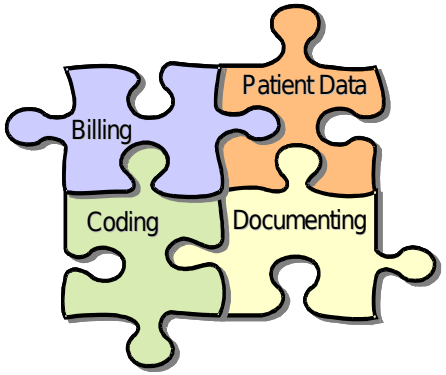


- Admission/registration
- Patient billing
- Credit and collections
- Accounts receivable management.

This is an 8 hour timed exam with 2 hours for each section.

CORE COMPETENCIES

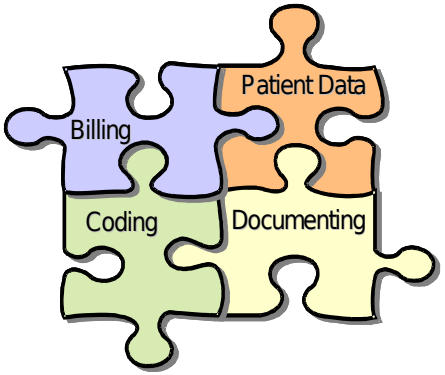
Application Process and Exam Dates



- Applications are mailed to the National Office
- The exam is offered twice a year on the last Saturday of April and on the last Saturday of September
- The Cost is $175.00 for the full exam

CORE COMPETENCIES

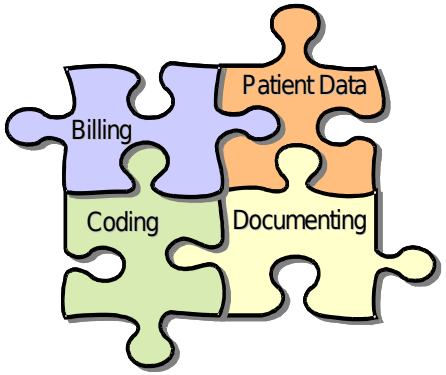
Study Materials



- National AAHAM offers *The Patient Financial Services Resource Guide*
- $135 for members and $160 for non-members and can be ordered online at www.aaham.org.
- Most local chapters hold coaching sessions several times per year.
- Check with your local chapter for details.

CORE COMPETENCIES

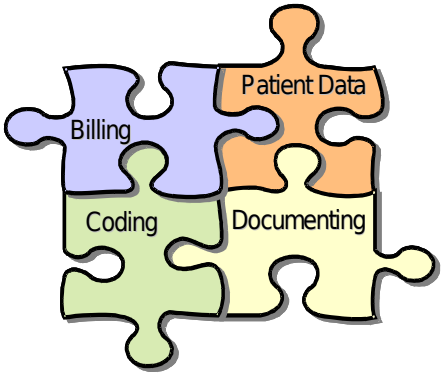
AAHAM.ORG
www.aaham.org



- Applications – Membership & Exams
- Certification Overview
- Sample CPAT/CCAT test screens
- CPAM/CCAM Topic Listings
- FAQ’s
- Legislative information
- Member Information
- Support Staff Contacts
- Members Only Section

CORE COMPETENCIES

Contact Information



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Patient Accounts Manager
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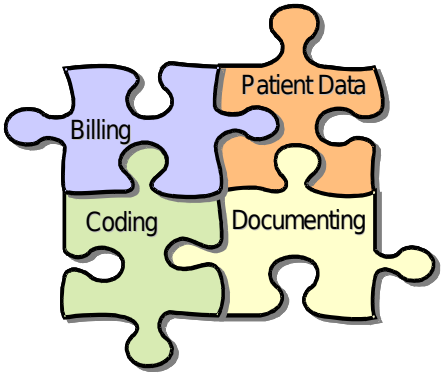
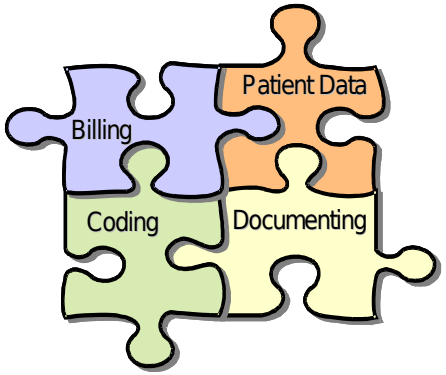
Rose Dunphy, CPAM
Director, Marketing and Education
Receivables Outsourcing, Inc.
301-385-4077
rmdunphy@aol.com

CORE COMPETENCIES

Questions



CORE COMPETENCIES

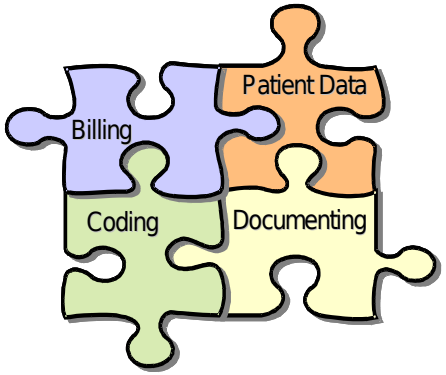


OHI
"The Heartbeat of TPC"

Julia Sweny, Bernadette Tabhan,
Maureen Collins, Arikah McClary and Kristina Pelky
Benefit Recovery

18 May 2005
Track 4, UBO

CORE COMPETENCIES



OHI – The Heartbeat of TPC

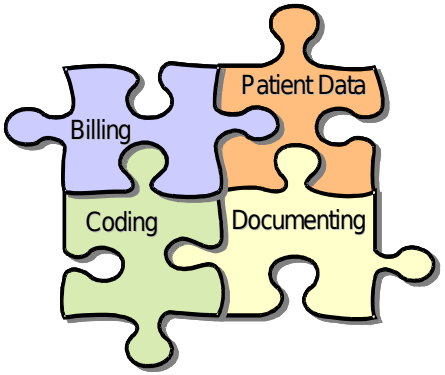
CPR

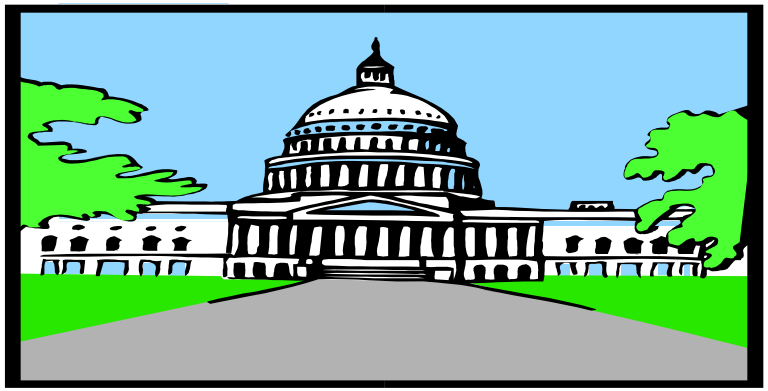
OBJECTIVES

- **C**ollection of the DD 2569
- **P**atient and MTF Education
- **R**evenue Increased & Benefits to the MTF

CORE COMPETENCIES

A little history lesson…
What governs the TPC Program?

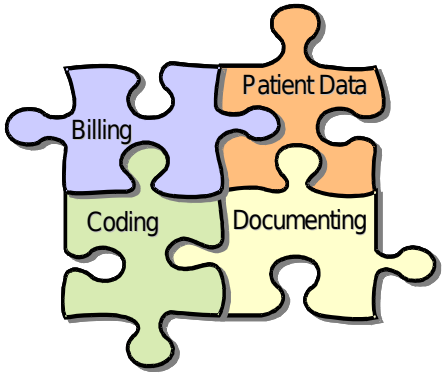




The Third Party Collection Program is congressionally mandated by Public Law 101-510 (10 U.S. Code 1095) and the Department of Defense that authorizes military treatment facilities to bill private health insurance plans for services they provide.

CORE COMPETENCIES

WHY BILL PRIVATE HEALTH INSURANCE COMPANIES?



- Healthcare is **expensive** and cost are continually rising.
- MTF's are **obligated** under COBRA to bill civilian health insurance carriers for the cost of medical care given to those who are covered by these insurance policies.
- To alleviate **insurance company windfalls** – Carriers collect patient premiums, but are not billed for services = more money for the insurance companies and ZERO $ for the MTF.

CORE COMPETENCIES

THIRD PARTY COLLECTION PROGRAM - RECORD OF OTHER HEALTH INSURANCE
(Read Privacy Act Statement before completing this form.)

Form Approved OMB No. 0704-0323 Expires Dec 31, 2006

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0323). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.**

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC, Sec. 1095; EO 9397.
PRINCIPAL PURPOSE(S): Information will be used to collect from private insurers for medical care provided to the Military Treatment Facility (MTF) patient. Such monetary benefits accruing to the MTF will be used to enhance health care delivery in the MTF.
ROUTINE USE(S): The information on this form will be released to your insurance company.
DISCLOSURE: Voluntary; however, failure to provide complete and accurate information may result in disqualification for health care services from facilities of the uniformed services.

1. PATIENT NAME *(Last, First, Middle Initial)*	2. SSN	3. DATE OF BIRTH *(YYYYMMDD)*	4. MARITAL STATUS *(X)* ☐ SINGLE ☐ MARRIED ☐ DIVORCED/WIDOWED
5a. STREET ADDRESS *(Include apartment number)*	b. CITY	c. STATE / d. ZIP CODE	6. HOME TELEPHONE NO. ( )
7. SPONSOR'S BRANCH OF SERVICE	8. SPONSOR FAMILY MEMBER PREFIX/ SSN	9a. SPOUSE NAME *(Last, First, Middle Initial)*	
10a. PATIENT'S EMPLOYER NAME	b. TELEPHONE NUMBER ( )	b. SPOUSE'S EMPLOYER *(Name, Address and Telephone No.)*	
c. EMPLOYER ADDRESS *(Include ZIP Code)*			

11. IS PATIENT'S CONDITION/APPOINTMENT RELATED TO AN ACCIDENT *(X one)* ☐ YES ☐ NO	a. DATE OF INJURY/ACCIDENT *(YYYYMMDD)*	b. CITY AND STATE WHERE ACCIDENT OCCURRED
c. TYPE OF ACCIDENT *(X)* ☐ AUTO ☐ BOAT ☐ HOME ☐ AIRPLANE ☐ WORKERS' COMPENSATION ☐ SLIP & FALL ☐ OTHER		
d. BRIEFLY DESCRIBE HOW INJURY/ACCIDENT OCCURRED		
e. INSURANCE COMPANY NAME	f. POLICY NUMBER	g. COMPANY ADDRESS *(Include ZIP Code)*
h. TELEPHONE NUMBER ( )	i. NAME OF POLICY HOLDER/INSURED	j. CLAIM NUMBER

12. DO YOU HAVE MEDICARE/MEDICAID *(X one)* ☐ YES ☐ NO			
a. MEDICARE PART A NUMBER	b. MEDICARE PART B NUMBER	c. MEDICAID NUMBER	d. ISSUING STATE

13. ARE YOU COVERED UNDER ANY OTHER HEALTH INSURANCE POLICY? *(Other than Medicare, Medicaid, TRICARE or TRICARE/CHAMPUS Supplement)* ☐ YES ☐ NO	
14.a. PRIMARY MEDICAL INSURANCE COMPANY NAME	15.a. SECONDARY MEDICAL INSURANCE COMPANY NAME
b. ADDRESS *(Include ZIP code)*	b. ADDRESS *(Include ZIP code)*
c. TELEPHONE NUMBER ( ) / d. IDENTIFICATION NUMBER/GROUP NUMBER	c. TELEPHONE NUMBER ( ) / d. IDENTIFICATION NUMBER/GROUP NUMBER
e. POLICY HOLDER'S NAME *(Last, First, Middle Initial)*	e. POLICY HOLDER'S NAME *(Last, First, Middle Initial)*
f. SSN / g. DATE OF BIRTH *(YYYYMMDD)*	f. SSN / g. DATE OF BIRTH *(YYYYMMDD)*
h. POLICY HOLDER'S EMPLOYER NAME, ADDRESS AND TELEPHONE NO.	h. POLICY HOLDER'S EMPLOYER NAME, ADDRESS AND TELEPHONE NO.
i. EFFECTIVE DATE OF POLICY *(YYYYMMDD)*	i. EFFECTIVE DATE OF POLICY *(YYYYMMDD)*

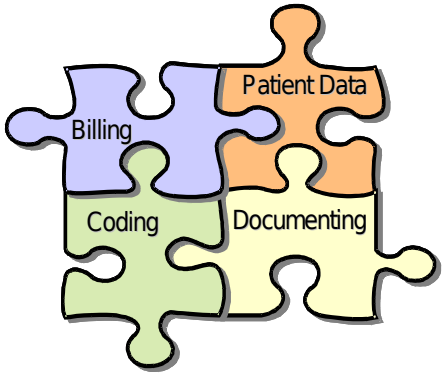
16. FAMILY MEMBERS COVERED BY ABOVE POLICIES *(Use additional pages if necessary)*

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. DATE OF BIRTH *(YYYYMMDD)*	a. NAME *(Last, First, Middle Initial)*	b. SSN	c. DATE OF BIRTH *(YYYYMMDD)*

17. CERTIFICATION. I certify that the above information on this form is true and accurate to the best of my knowledge. Falsification of information is covered by 18 USC 1001, which provides for a maximum fine of $10,000 or imprisonment for five years, or both. For non-DoD beneficiaries, the below signature authorizes and requests that the proceeds of any and all benefits be paid directly to the Military Treatment Facility (MTF) for health care services provided me and/or my minor dependents. This signature authorizes Medical Service Account (MSA) patients' release of medical information (medical records) for claims.

a. SIGNATURE	b. DATE *(YYYYMMDD)*

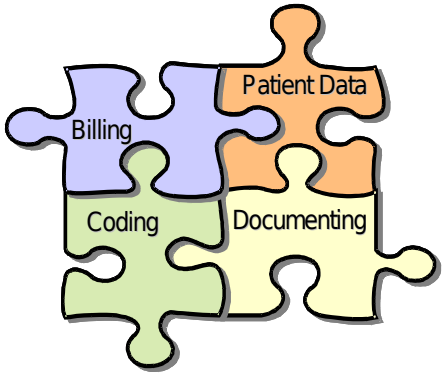
DD FORM 2569, JAN 2004 PREVIOUS EDITION IS OBSOLETE.



DD2569 The "Pulse" of the Program

CORE COMPETENCIES

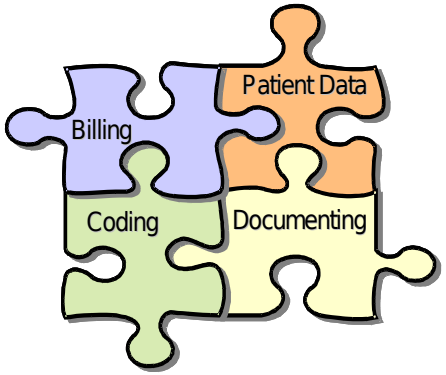
The Heartbeat of TPC… Collection of the DD2569



- Other health insurance information is collected by MTF's through use of a DD Form 2569.
- Completed by all retirees, dependents of retirees and dependents of active duty military.
- Completed annually unless there is a change in your insurance information, even if the individual does not have other health insurance.

CORE COMPETENCIES

The Heartbeat of TPC… Collection of the DD2569

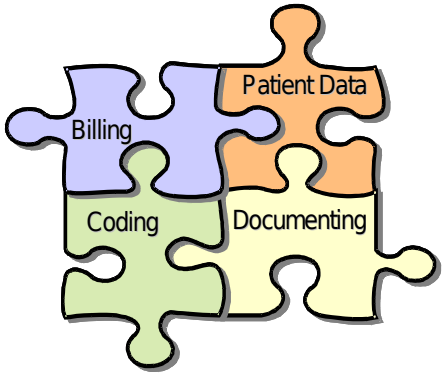


- **Did you know?…**

Incomplete and **incorrect DD2569 forms** are the #1 reason for missed or delayed opportunities for billing OHI.

CORE COMPETENCIES

The Heartbeat of TPC… Collection of the DD2569

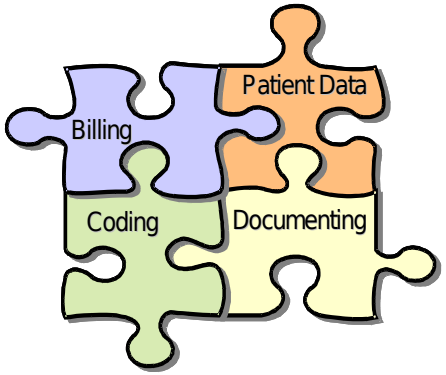


Whose job is it anyway?

Now, before you say, "it's not my job", you need to sit back and learn that… the TPC Program is **everyone's** job in the military treatment facility.

CORE COMPETENCIES

The Heartbeat of TPC… Collection of the DD2569

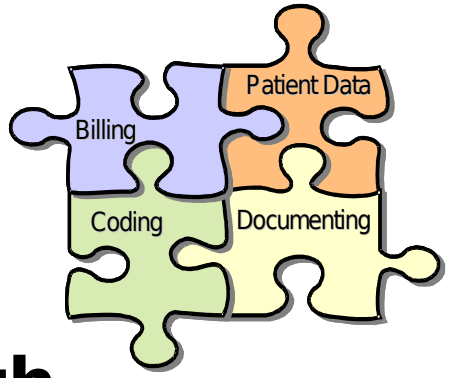


- From the front desk clerk
- to the doctor (provider)
- to the data entry clerk
- to the billing staff, etc…

This program is everyone's responsibility and in the end, benefits everybody!

CORE COMPETENCIES

The "Pulse" of the Program



Front desk (clinics & pharmacies)-1st contact with patient for OHI Collection

Don't Forget…

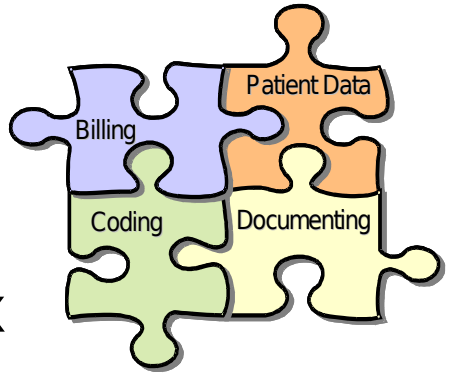
All non active duty patients must fill out a DD Form 2569, unless they show a current Third Party Verification Card.

Review form for completeness ALL boxes need to be filled in.

- Patient SSN in block 2 and Sponsor SSN in block 8.
- Fill in block 17 (the Signature and date) without this the form is VOID !

CORE COMPETENCIES

DD2569 - The "Pulse" of the Program

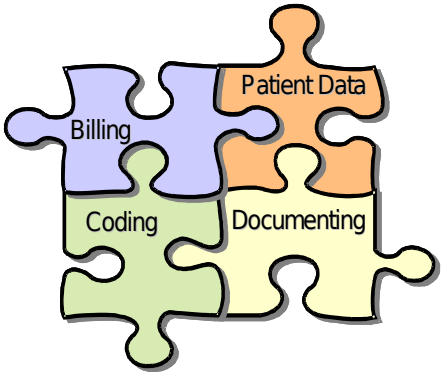


- TPC clerks collects completed 2569 forms from clinics & pharmacy 2-3x per week
- Update insurance information in CHCS
- Billing information and data flow from CHCS to TPOCS to create a bill
- Claim submission to the insurance carrier
- Claim is processed and paid by the carrier
- Revenue comes directly to the M$F

CORE COMPETENCIES

OHI – The Heartbeat of TPC

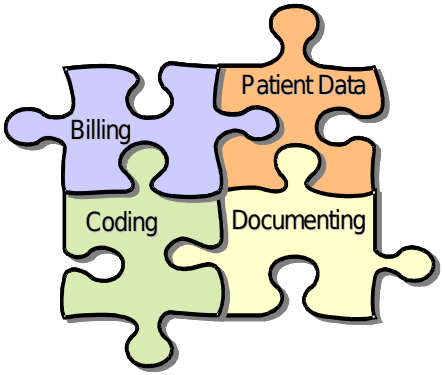
Patient & MTF Education



Are you taking the necessary steps to create a healthy OHI Program?

- Monthly, quarterly, yearly training at the MTF's? or never?
- Are you visible & accessible to the patient to talk about OHI?
- Are you using positive people skills?

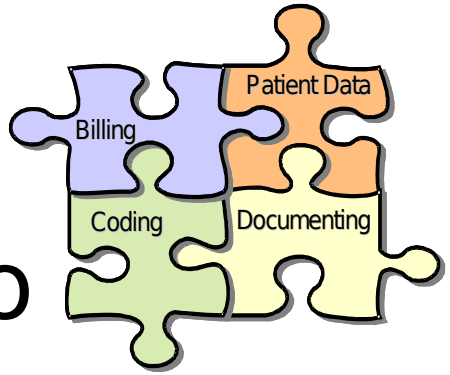
OHI – The Heartbeat of TPC
Patient & MTF Education



- Are YOU educated about the OHI program, its benefits and impact to the patient and MTF?

Get ready to test yourself...

OHI – The Heartbeat of TPC
Patient & MTF Education



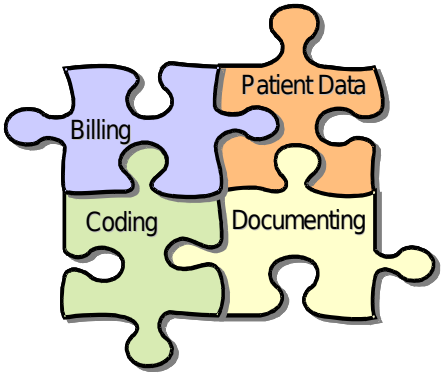
Do you know the answer to these patient questions?

What effect will the program have on a patient's health insurance?

Health care is a service benefit, why should my private insurance pay?

Will patients that are insured have to pay a deductible?

If the full cost of care is not collected, will the patient be billed for the difference?



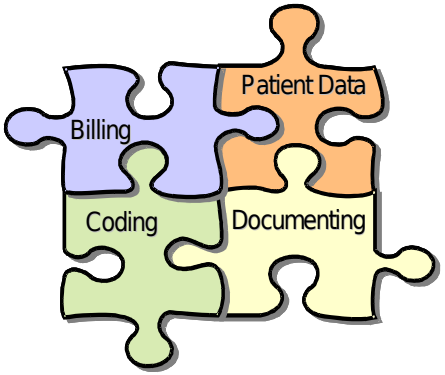
MORE QUESTIONS…

Must civilian patients complete a DD 2569 at every appointment if they wish to be seen?

Does the patient complete a DD 2569 if only covered by Medicare, Medicaid, Tricare, Tricare/Champus Supplement or Tricare for Life?

What is my insurance money used for?

OHI – The Heartbeat of TPC
Patient & MTF Education

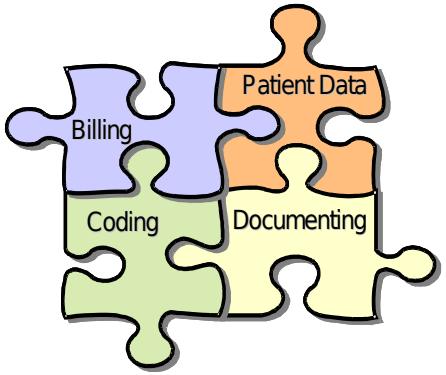


- Remember…

  Incomplete and **incorrect DD2569 forms** are the #1 reason for missed or delayed opportunities for billing OHI.

- Are you asking the right questions of the patient?

OHI – The Heartbeat of TPC
Patient & MTF Education



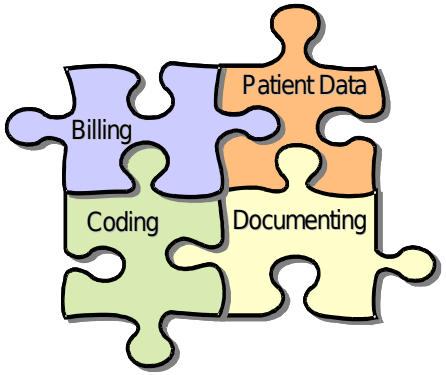
USE QUESTIONS SUCH AS:

What is your health insurance company or HMO plan?

May I see your insurance card?

TRY NOT TO ASK:

Do you have other health insurance?

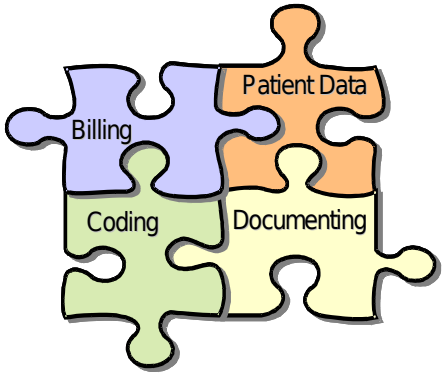


HELPFUL TIPS

- If a patient has Blue Cross Blue Shield, try to obtain which BCBS carrier they have. BCBS has several different branches, such as BCBSNM, BCBS of Alabama, Federal Employee Program (FEP)
- Try to obtain a copy of the patient's insurance card
- Try to obtain an effective date for the policy
- Ask to see the patient's TPC insurance card

CORE COMPETENCIES

Third Party Collection Verification Card



59 MDW
OUTPATIENT THIRD PARTY VERIFICATION CARD

Possession of this card provides verification that John Doe
has filled out the DD Form 2569 on 06/15/2005

I will notify the clerk during my next visit should any change to my insurance status occur prior to one year from the date I signed.

Note: This card will be used for the verification for a one year period only. A new card must be obtained during my first visit after the one year period when I will be asked to re-certify my insurance status.

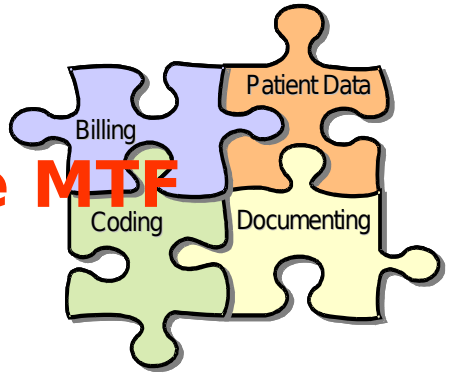
Questions may be answered by calling the Third Party Collection staff at (210)292-7575.

If a patient presents a card like this one and it is less than 12 months old, ask if there are changes in their health insurance since they last filled out the form.

CORE COMPETENCIES

OHI – The Heartbeat of TPC

Revenue Increased & Benefits to the MTF



Examples of Billable Services

Outpatient Services:

* Dental * Cardiology * Pediatrics *Optometry

* Allergy * Mental Health

Inpatient Services

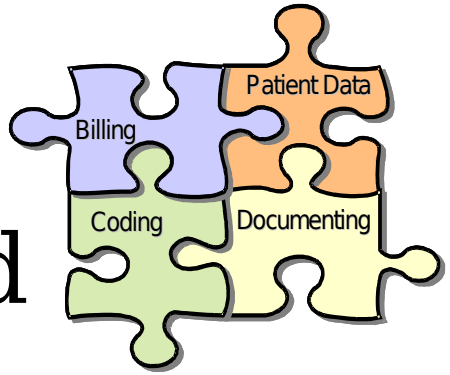
Emergency Room Services

Ancillary Services:

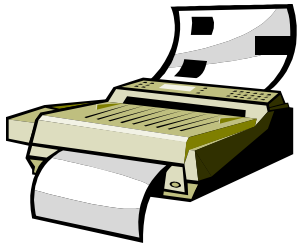
* Immunizations * Radiology * Pharmacy * Laboratory

CORE COMPETENCIES

OHI – The Heartbeat of TPC
Revenue Increased & Benefits to the MTF

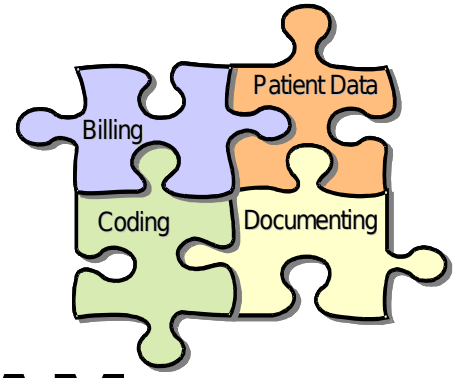


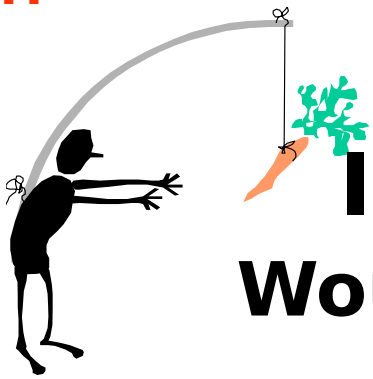
Revenue recovered is used for:



- New equipment
- Supplies
- Furniture
- Renovations
- Additional Staff
- Enhance services we provide to patients
- Keep up to date health care

OHI – The Heartbeat of TPC
Revenue Increased & Benefits to the MTF





INCENTIVE PROGRAM
Would this work at your MTF?

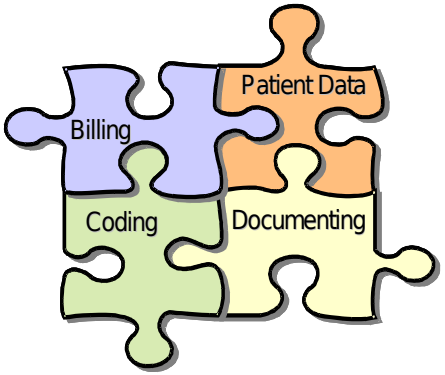
EXAMPLE

15% of amount collected for each quarter goes back to the clinic - % based on Section $ billed and forms collected.

Individuals with most forms collected gets 1-day pass. It is essential that the person who interviewed the patient put their initials on the top right corner of the form.

CORE COMPETENCIES

SUMMARY



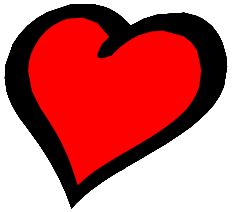
CPR

CHI – The Heartbeat of TPC

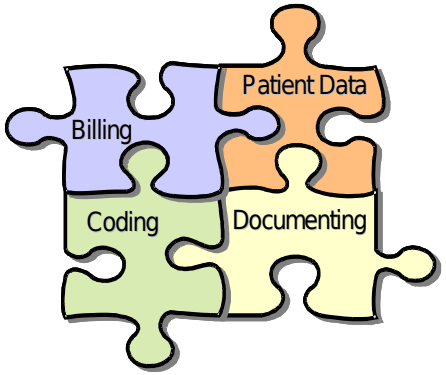
Collection of the DD 2569

Patient and MTF Education

Revenue Increased & Benefits to the MTF



CORE COMPETENCIES

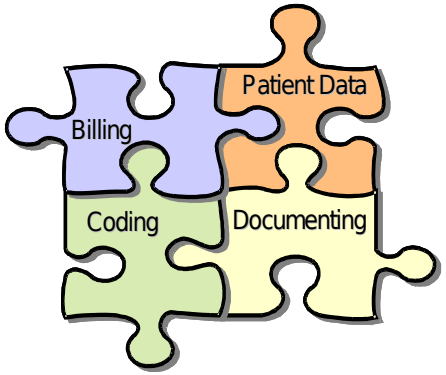


Q & A

- UBOquestions@benefitrecovery.com

CORE COMPETENCIES

Want to know more?



Join our panel of OHI experts as we

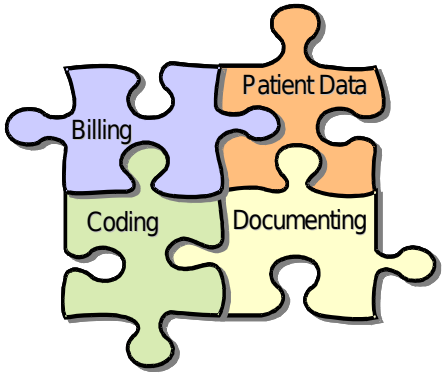
"Spin The Wheel"

to learn more about OHI and win Fabulous Prizes!

Thursday May 17, 2005 @ 11:10

OHI – The Wheel of Fortune

CORE COMPETENCIES



Revenue Codes: Know when to Fix and When to Hold!

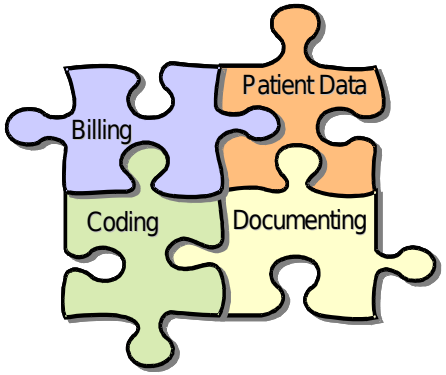
Rob Borchert

May 18, 2005

Track 4: UBO

CORE COMPETENCIES

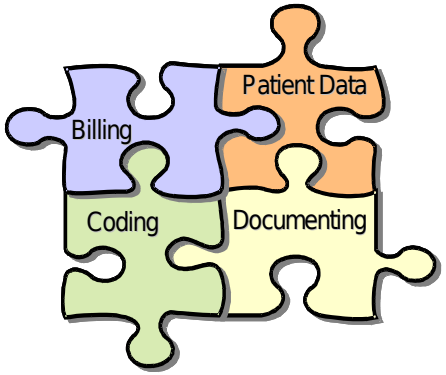
OBJECTIVES



- Understand the association of “places of service” to Revenue codes
- Be able to “cross-reference” CPT codes with places of service and Revenue Codes
- Know when to use the “9” last digit
- Test yourself and “choose wisely”

CORE COMPETENCIES

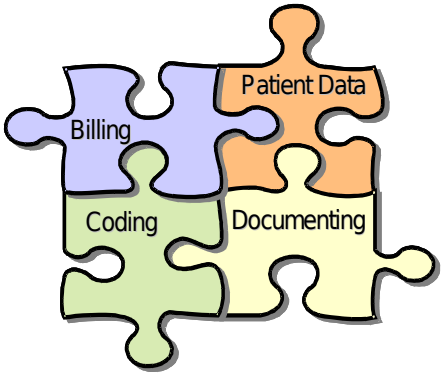
Other Points of Discussion



- How can a “table” do the job of a Charge Master?
- Don’t listen to 3rd party payors when assigning revenue codes
- There are no CPT codes on Inpatient bills BUT there are revenue codes (with summary of charges)

CORE COMPETENCIES

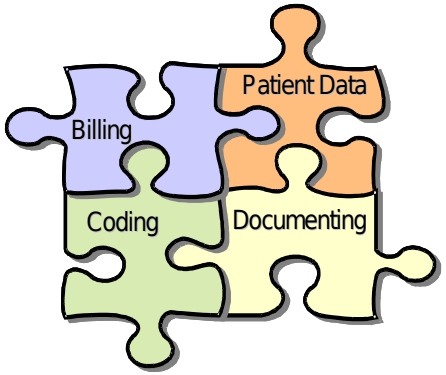
Understanding



- A Revenue Code is a four digit code that identifies a specific accommodation and/or ancillary service.
- The Revenue Center category is indicated by an “X” in place of the fourth digit of the revenue code.
- A Revenue Code must be assigned in FL42 for each line item charge billed in FL47.

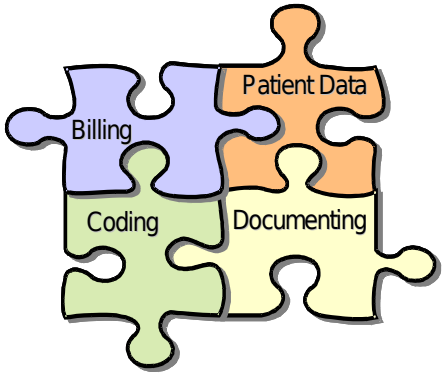
CORE COMPETENCIES

Understanding



- Revenue codes must be in ascending numeric sequence on a UB92.
- Revenue codes must be valid for the type of claim being billed. For example, accommodation codes are not valid for outpatient claims.
- Revenue codes will appear on the 835 remittance device detail report.

Revenue Codes and Revenue Centers

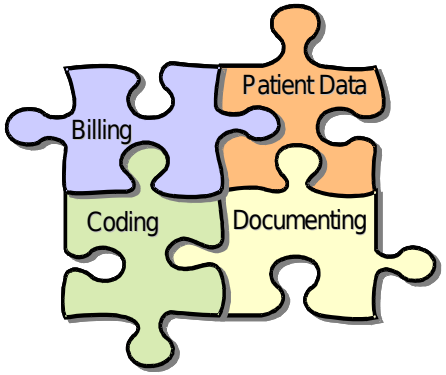


	Accommodation Codes	for UB92	
Rev Code	**Description**		
010X	All Inclusive Rate		
100	R & B Plus Ancillary		
101	R & B Only		
011X	R & B Private	**Sub Categories**	**Code #**
012X	Semi-Private/Two Bed	General	0
013X	Three and Four Bed	Med/Surg/GYN	1
014X	Private Deluxe	OB	2
015X	Ward	Pediatric	3
		Psychiatric	4
		Hospice	5
		Detoxification	6
		Oncology	7
		Rehabilitation	8
		Other	9

017X	Nursery
018X	Leave of Absence
019X	Subacute Care
020X	Intensive Care
021X	Coronary Care
022X	Special Charges
023X	Incremental Nursing Chg Rate

CORE COMPETENCIES

Revenue Codes and Revenue Centers

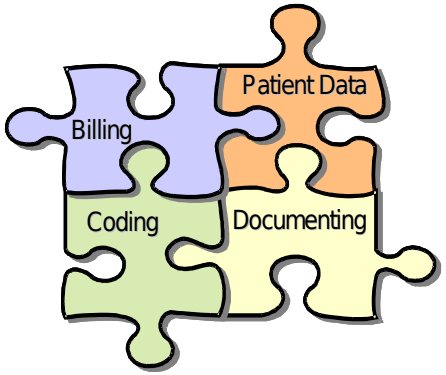


	Accommodation Codes
Rev Code	**Description**
024X	All-Inclusive Ancillary
025X	Pharmacy
026X	IV Therapy
027X	Med/Surg Supplies & Devices
028X	Oncology
029X	DME
030X	Laboratory
031X	Pathology
032X	Diagnostic Radiology
033X	Therapeutic/Chemo Admin
034X	Nuclear Medicine
035X	CT Scan

	Accommodation Codes
Rev Code	**Description**
036X	Operating Room Services
037X	Anesthesia
038X	Blood
039X	Blood/Component Admin
040X	Other Imaging Services
041X	Respiratory Services
042X	Physical Therapy
043X	Occupational Therapy
044X	Speech/Language Pathology
045X	Emergency Room

CORE COMPETENCIES

Revenue Codes and Revenue Centers

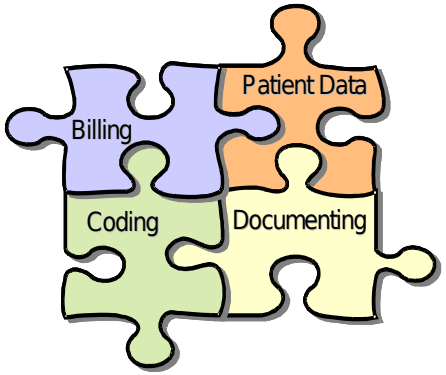


	Accommodation Codes
Rev Code	Description
051X	Clinic
052X	Freestanding Clinic
053X	Osteopathic Services
054X	Ambulance
055X	Skilled Nursing
056X	Medical Social Services
057X	Home Health Aide
058X	Home Health Other
059X	Home Health Units of Svc
060X	Oxygen (Home Health)

	Accommodation Codes
Rev Code	Description
061X	Magnetic Resonance Tech
062X	Med/Surg Supplies Ext of 027X
063X	Pharmacy Ext of 025X
064X	Home IV Therapy Svcs
065X	Hospice Service
066X	Respite Care
067X	O/P Special Residence Chg
068X	Trauma Response
069X	Not Assigned
070X	Cast Room

CORE COMPETENCIES

Revenue Codes and Revenue Centers

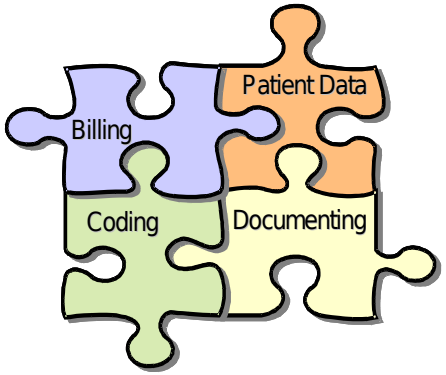


	Accommodation Codes
Rev Code	Description
071X	Recovery Room
072X	Labor Room/Delivery
073X	EKG/ECG
074X	EEG
075X	Gastrointestinal Svcs
076X	Treatment or Observiation Room
077X	Preventative Care Svcs
078X	Telemedicine
079X	Extra-Corporeal Shock Wave
080X	I/P Renal Dialysis

	Accommodation Codes
Rev Code	Description
081X	Acquisition of Body Comp.
082X	Hemodialysis - O/P or Home
083X	Pertoneal Dialysis - O/P
084X	CAPD Dialysis - O/P
085X	CCPD Dialysis - O/P
086X	Reserved for Dialysis
087X	Reserved for Dialysis
088X	Miscellaneous Dialysis
089X	Reserved
090X	Behavioral Health O/P

CORE COMPETENCIES

Revenue Codes and Revenue Centers

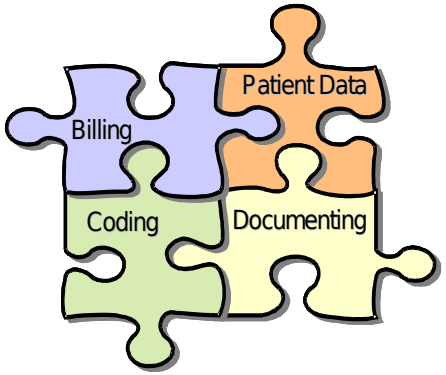


	Accommodation Codes
Rev Code	**Description**
091X	Behavioral Health Ext of 090X
092X	Other Diagnostic Svcs
093X	Medical Rehab Day Program
094X	Other Therapeutic Svcs
095X	Other Therapeutic Svcs Ext 094X
096X	Professional Fees
097X	Professional Fees Ext 096X
098X	Professional Fees Ext 096X & 097X
099X	Patient Convenience Items
100X	Behavioral Health Accommodations

	Accommodation Codes
Rev Code	**Description**
210X	Alternative Therapy Svcs
310X	Adult Care

CORE COMPETENCIES

Revenue Codes and Revenue Centers

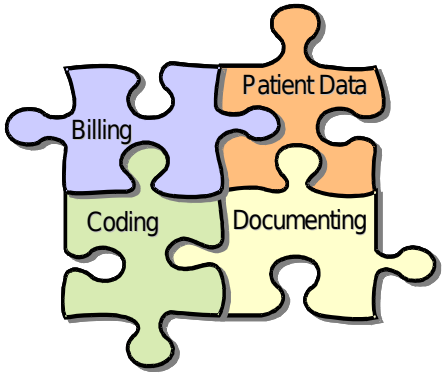


A Revenue Center is a place of where medical services are performed
The code for the revenue center is ONLY applicable to the UB92 claim form. The Revenue center "code" appears on both inpatient and outpatient claims.

Since the same medical services can be performed in different physica locations, a "CPT" can be associated with different revenue centers. For instance, a minor surgical procedure can be performed in a clinic, or in the Emergency Room.

So CPT code 10060 (drainage of a skin abscess) can have a revenue c of 0510 or 0450

Revenue Codes and Revenue Centers



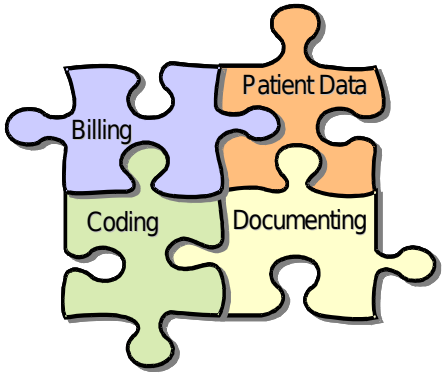
Most Revenue Center Codes are specific as to “type” of service such a
Pediatrics, Oncology, ICU, Trauma, Surgical, etc.

The revenue code for “other” is “9” and is assigned at state level for l
Billing needs. National payors will accept the “9” but will not accept t
if there is a more appropriate code to use.

Be careful when dealing with third party payors! Some payors will req
specific revenue center code for a service BUT that service can wind u
being paid at a lower rate based on the “suggested” revenue code.
For example, interventional radiology or ambulatory surgery.

CORE COMPETENCIES

Current Business Rules



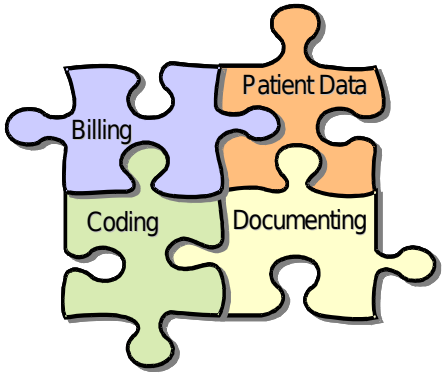
REVENUE CODES

Revised: 01 October 2003

1. Revenue codes are used on the UB-92 Claim Form to identify a specific accommodation for inpatient claims and ancillary services or billing calculation for outpatient claims. Revenue codes are populated in FL 42 of the UB-92 claim form.
2. It is possible to have the same revenue code for more than one line item.
3 Revenue code 001 (Total Charges) is the final entry on all bills.
4. The billing guidelines for revenue codes are extensive. "St. Anthony's UB-92 Editor" is recommended to be used as a resource. This book provides information regarding the correlation of HCPCS/CPT coding requirements to a revenue code as well as to the correct type of bill code definition.
5. While a Revenue Code to CPT Code Mapping table exists, the biller has the capability to change the code on an individual claim basis in TPOCS. This may occur in the event of an incorrect revenue code or when a payer requests a specific revenue code. Note: Currently, the revenue code (250) for internal and external pharmacy bills cannot be edited in TPOCS. Refer to the Functional Business Requirements section for additional information.

CORE COMPETENCIES

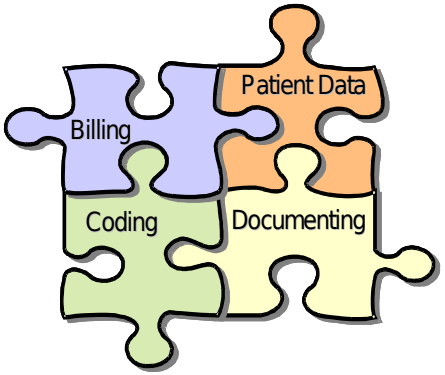
CPT Mapping Table



CPT			Description	Revenue Codes				
11001	00	1100100	DEBRIDE INFECTED SKIN ADD-ON	**510**	**450**	**361**	**920**	**940**
11010	00	1101000	DEBRIDE SKIN, FX	**510**	**450**	**360**	**920**	**940**
11011	00	1101100	DEBRIDE SKIN/MUSCLE, FX	**510**	**450**	**360**	**920**	**940**
11012	00	1101200	DEBRIDE SKIN/MUSCLE/BONE, FX	**510**	**450**	**360**	**920**	**940**
11040	00	1104000	DEBRIDE SKIN, PARTIAL	**510**	**450**	**360**	**920**	**940**
11041	00	1104100	DEBRIDE SKIN, FULL	**510**	**450**	**360**	**920**	**940**
11042	00	1104200	DEBRIDE SKIN/TISSUE	**510**	**450**	**360**	**920**	**940**
11043	00	1104300	DEBRIDE TISSUE/MUSCLE	**510**	**450**	**360**	**920**	**940**
11044	00	1104400	DEBRIDE TISSUE/MUSCLE/BONE	**510**	**450**	**360**	**920**	**940**
11055	00	1105500	TRIM SKIN LESION	**510**	**450**	**361**	**920**	**940**
11056	00	1105600	TRIM SKIN LESIONS, 2 TO 4	**510**	**450**	**361**	**920**	**940**
11057	00	1105700	TRIM SKIN LESIONS, OVER 4	**510**	**450**	**361**	**920**	**940**
11100	00	1110000	BIOPSY OF SKIN LESION	**510**	**450**	**361**	**920**	**940**

CORE COMPETENCIES

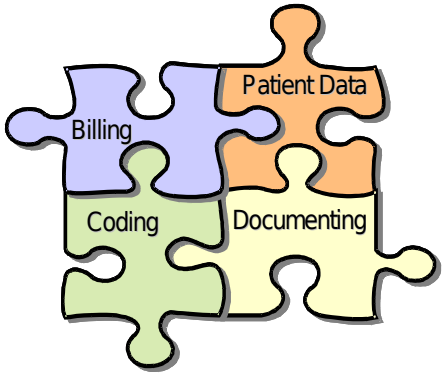
CPT Mapping Table



CPT			Description	Revenue Codes			
23600	00	2360000	TREAT HUMERUS FRACTURE	**510**	**450**	**360**	**920**
23605	00	2360500	TREAT HUMERUS FRACTURE	**360**	**450**	**510**	**920**
23615	00	2361500	TREAT HUMERUS FRACTURE	**360**	**450**	**510**	**920**
23616	00	2361600	TREAT HUMERUS FRACTURE	**360**	**450**	**510**	**920**
23620	00	2362000	TREAT HUMERUS FRACTURE	**510**	**450**	**360**	**920**
23800	00	2380000	FUSION OF SHOULDER JOINT	**360**	**450**	**510**	**920**
23802	00	2380200	FUSION OF SHOULDER JOINT	**360**	**450**	**510**	**920**
23900	00	2390000	AMPUTATION OF ARM & GIRDLE	**360**	**450**	**510**	**920**
23920	00	2392000	AMPUTATION AT SHOULDER JOINT	**360**	**450**	**510**	**920**
23921	00	2392100	AMPUTATION FOLLOW-UP SURGERY	**360**	**450**	**510**	**920**
23929	00	2392900	SHOULDER SURGERY PROCEDURE	**360**	**450**	**510**	**920**

CORE COMPETENCIES

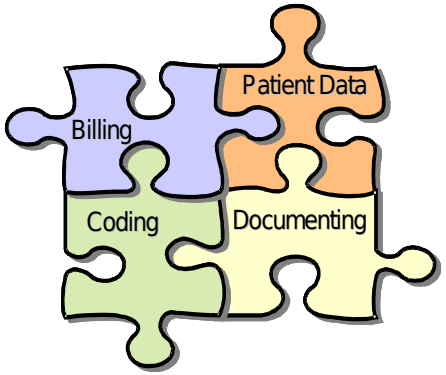
CPT Mapping Table



CPT			Description	Revenue Codes
76529	22	7652922	ECHO EXAM OF EYE	**402**
76529	26	7652926	ECHO EXAM OF EYE	**402**
76529	32	7652932	ECHO EXAM OF EYE	**402**
76529	50	7652950	ECHO EXAM OF EYE	**402**
76529	51	7652951	ECHO EXAM OF EYE	**402**
76529	99	7652999	ECHO EXAM OF EYE	**402**
76536	00	7653600	US EXAM OF HEAD AND NECK	**402**
76536	22	7653622	US EXAM OF HEAD AND NECK	**402**
76536	26	7653626	US EXAM OF HEAD AND NECK	**402**
76536	32	7653632	US EXAM OF HEAD AND NECK	**402**
76778	26	7677826	US EXAM KIDNEY TRANSPLANT	**402**
76778	32	7677832	US EXAM KIDNEY TRANSPLANT	**402**
76778	50	7677850	US EXAM KIDNEY TRANSPLANT	**402**
76778	51	7677851	US EXAM KIDNEY TRANSPLANT	**402**
76778	99	7677899	US EXAM KIDNEY TRANSPLANT	**402**
76800	00	7680000	US EXAM, SPINAL CANAL	**402**
76800	22	7680022	US EXAM, SPINAL CANAL	**402**
76800	26	7680026	US EXAM, SPINAL CANAL	**402**
76800	32	7680032	US EXAM, SPINAL CANAL	**402**
76801	00	7680100	OB US <14 WKS, SINGLE FETUS	**402**
76801	22	7680122	OB US <14 WKS, SINGLE FETUS	**402**
76801	26	7680126	OB US <14 WKS, SINGLE FETUS	**402**
76801	32	7680132	OB US <14 WKS, SINGLE FETUS	**402**

CORE COMPETENCIES

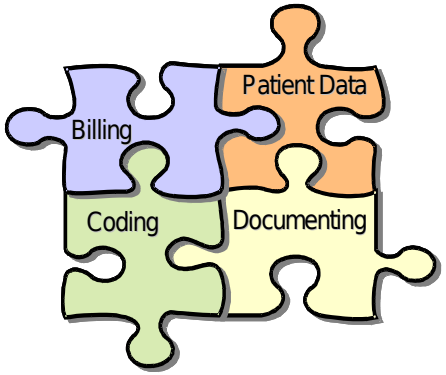
CPT Mapping Table



CPT			Description	Revenue Codes		
99275	00	9927500	CONFIRMATORY CONSULTATION	**657**		
99281	00	9928100	EMERGENCY DEPT VISIT	**450**		
99282	00	9928200	EMERGENCY DEPT VISIT	**450**		
99283	00	9928300	EMERGENCY DEPT VISIT	**450**		
99284	00	9928400	EMERGENCY DEPT VISIT	**450**		
99285	00	9928500	EMERGENCY DEPT VISIT	**450**		
99288	00	9928800	DIRECT ADVANCED LIFE SUPPORT	**450**		
99289	00	9928900	PT TRANSPORT, 30-74 MIN	**450**		
99290	00	9929000	PT TRANSPORT, ADDL 30 MIN	**450**		
99291	00	9929100	CRITICAL CARE, FIRST HOUR	**450**		
99292	00	9929200	CRITICAL CARE, ADDL 30 MIN	**450**		
99295	00	9929500	NEONATAL CRITICAL CARE	**360**	**450**	**510**

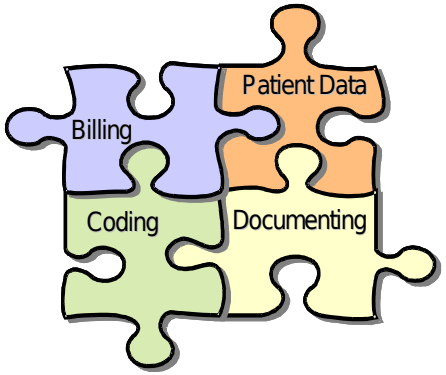
CORE COMPETENCIES

Revenue Codes and Revenue Centers



Questions of choice:

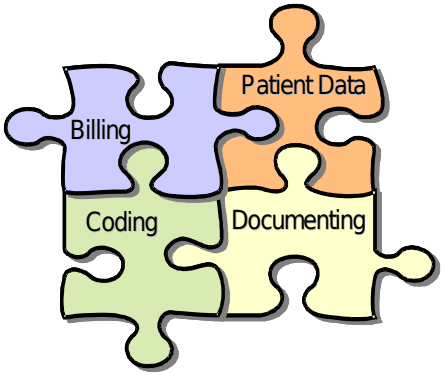
1. How many revenue center codes are associated with bed types?
2. How many revenue center codes are associated with medical/surgical supplies?
3. What ancillary services do not have revenue codes?
4. Must a CPT code ALWAYS be directly associated with the revenue center code where the service is performed?
5. Do modifiers have any effect on the choice of the revenue center?



Test Yourself

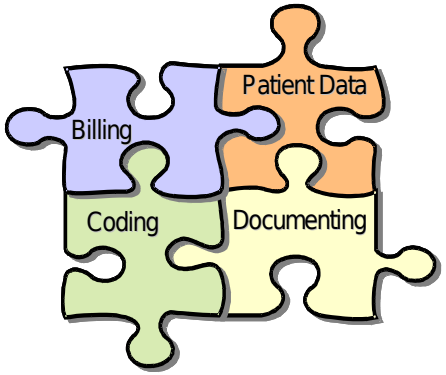
- How many Laboratory revenue codes are there?
- Can you use a generic code for billing?
- Can you name the different Lab areas that have revenue codes?

Test Yourself



- Are you aware of the “C” code list?
- Do you have physicians who perform outpatient surgery from the inpatient surgery list?
- Where do you document “time” in surgery?

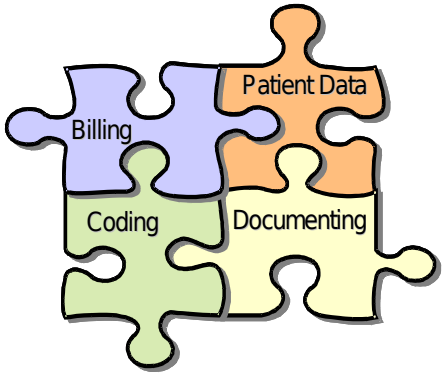
Other Questions



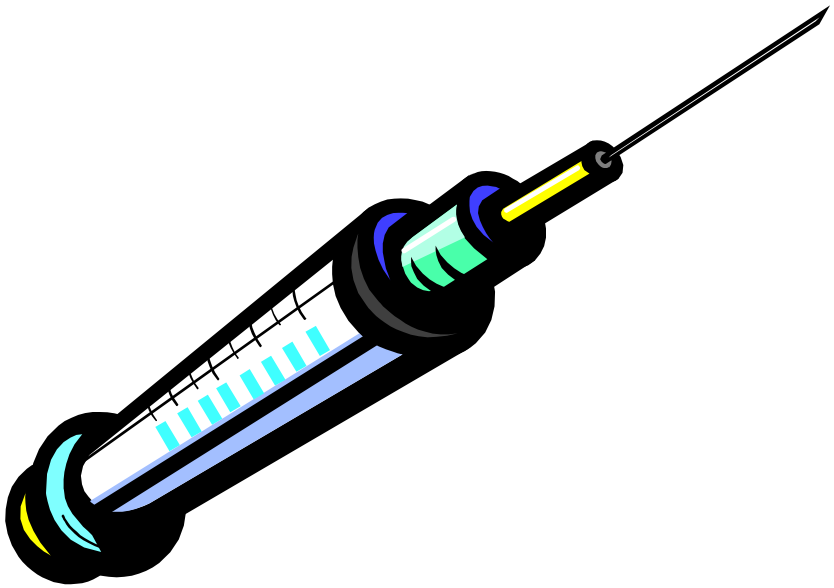
- Are there “problems” between CHCS and TPOCS “transferring” information?
- How many “itemized” line items on an outpatient bill is the average?
- Do you have “tools”?
- Describe some of your “workarounds” to get a bill out the door!
- How do you handle claim denials?
- What are some typical denials?

CORE COMPETENCIES

Areas for Discussion

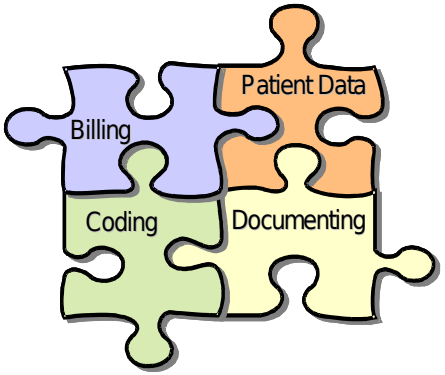


- Immunizations
- Ambulatory Surgeries
- Revenue Codes
- Outpatient services
- Ancillaries
- Education & Training Tools and Courses
- Site visits



CORE COMPETENCIES

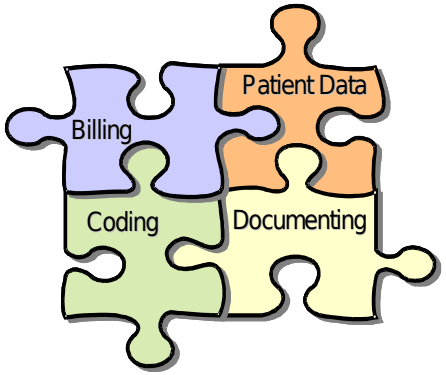
Compliance



- Documentation must support billing – both Inpatient and Outpatient
- Revenue Codes are correct for ALL billing
- ICD-9 diagnosis supports billing process
- CPT codes are current and accurate

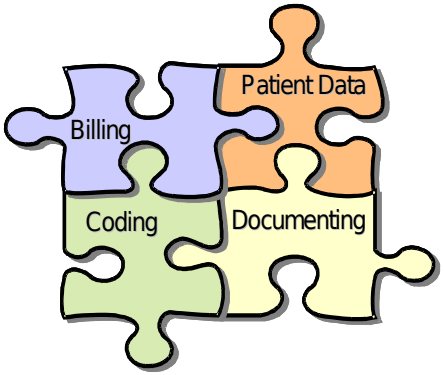
CORE COMPETENCIES

Summary

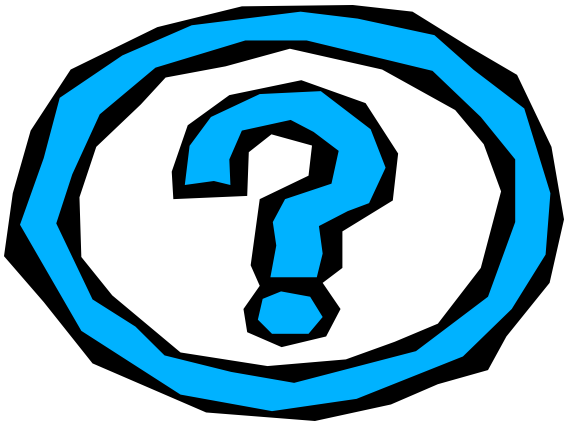


- Any better understanding of Revenue Centers and Revenue Codes?
- Place of Service coordinates with the Revenue Code for proper billing
- How about your current tables? CHCS and TPOCS – can they be better?
- How can we help each other?

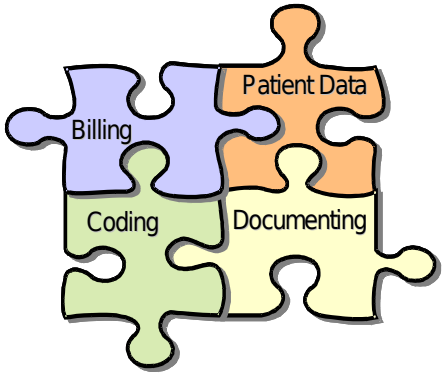
Let's Talk!



- Questions?



CORE COMPETENCIES



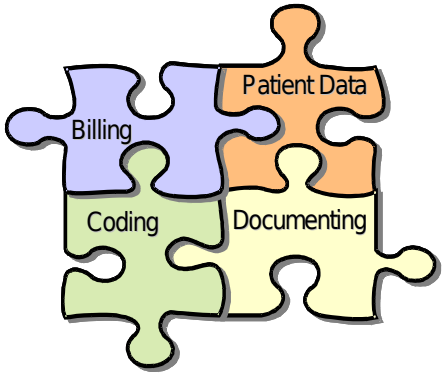
Revenue Codes: Know when to Fix and When to Hold!

Rob Borchert

May 18, 2005

Track 4: UBO

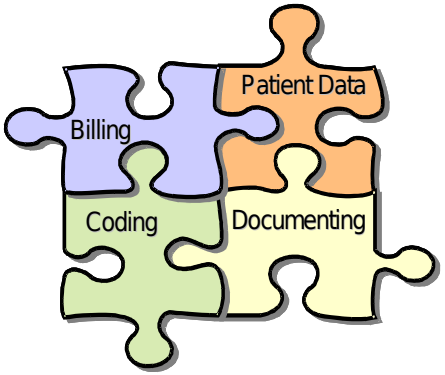
OBJECTIVES



- Understand the association of “places of service” to Revenue codes
- Be able to “cross-reference” CPT codes with places of service and Revenue Codes
- Know when to use the “9” last digit
- Test yourself and “choose wisely”

CORE COMPETENCIES

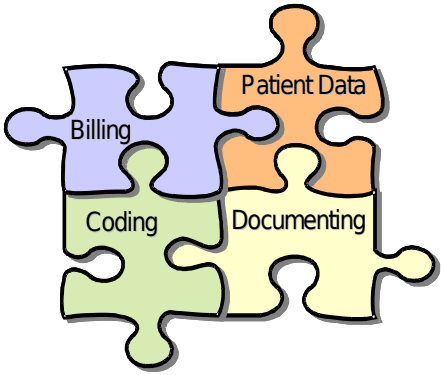
Other Points of Discussion



- How can a “table” do the job of a Charge Master?
- Don’t listen to 3rd party payors when assigning revenue codes
- There are no CPT codes on Inpatient bills BUT there are revenue codes (with summary of charges)

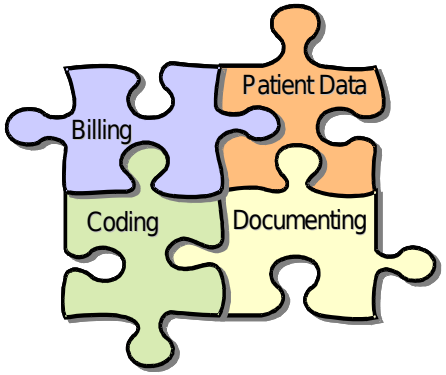
CORE COMPETENCIES

Understanding



- A Revenue Code is a four digit code that identifies a specific accommodation and/or ancillary service.
- The Revenue Center category is indicated by an “X” in place of the fourth digit of the revenue code.
- A Revenue Code must be assigned in FL42 for each line item charge billed in FL47.

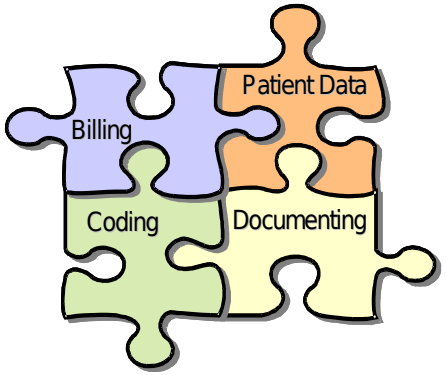
Understanding



- Revenue codes must be in ascending numeric sequence on a UB92.
- Revenue codes must be valid for the type of claim being billed. For example, accommodation codes are not valid for outpatient claims.
- Revenue codes will appear on the 835 remittance device detail report.

CORE COMPETENCIES

Revenue Codes and Revenue Centers

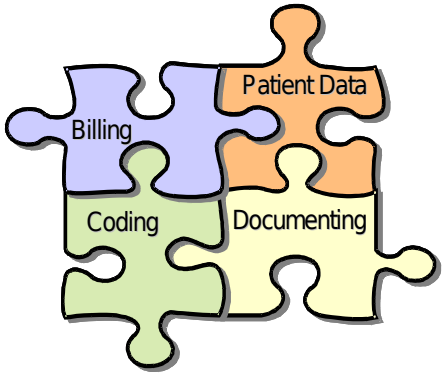


	Accommodation Codes	for UB92	
Rev Code	**Description**		
010X	All Inclusive Rate		
100	R & B Plus Ancillary		
101	R & B Only		
011X	R & B Private	**Sub Categories**	**Code #**
012X	Semi-Private/Two Bed	General	0
013X	Three and Four Bed	Med/Surg/GYN	1
014X	Private Deluxe	OB	2
015X	Ward	Pediatric	3
		Psychiatric	4
		Hospice	5
		Detoxification	6
		Oncology	7
		Rehabilitation	8
		Other	9

017X	Nursery
018X	Leave of Absence
019X	Subacute Care
020X	Intensive Care
021X	Coronary Care
022X	Special Charges
023X	Incremental Nursing Chg Rate

CORE COMPETENCIES

Revenue Codes and Revenue Centers

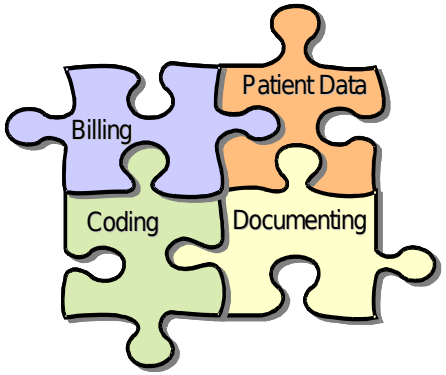


	Accommodation Codes
Rev Code	**Description**
024X	All-Inclusive Ancillary
025X	Pharmacy
026X	IV Therapy
027X	Med/Surg Supplies & Devices
028X	Oncology
029X	DME
030X	Laboratory
031X	Pathology
032X	Diagnostic Radiology
033X	Therapeutic/Chemo Admin
034X	Nuclear Medicine
035X	CT Scan

	Accommodation Codes
Rev Code	**Description**
036X	Operating Room Services
037X	Anesthesia
038X	Blood
039X	Blood/Component Admin
040X	Other Imaging Services
041X	Respiratory Services
042X	Physical Therapy
043X	Occupational Therapy
044X	Speech/Language Pathology
045X	Emergency Room

CORE COMPETENCIES

Revenue Codes and Revenue Centers

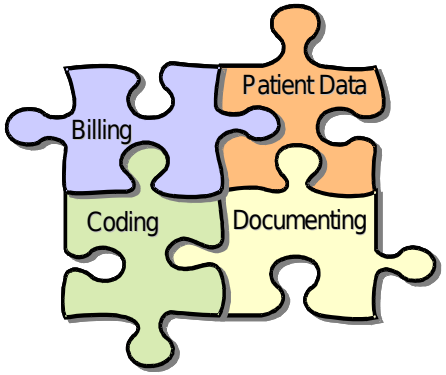


	Accommodation Codes
Rev Code	Description
051X	Clinic
052X	Freestanding Clinic
053X	Osteopathic Services
054X	Ambulance
055X	Skilled Nursing
056X	Medical Social Services
057X	Home Health Aide
058X	Home Health Other
059X	Home Health Units of Svc
060X	Oxygen (Home Health)

	Accommodation Codes
Rev Code	Description
061X	Magnetic Resonance Tech
062X	Med/Surg Supplies Ext of 027X
063X	Pharmacy Ext of 025X
064X	Home IV Therapy Svcs
065X	Hospice Service
066X	Respite Care
067X	O/P Special Residence Chg
068X	Trauma Response
069X	Not Assigned
070X	Cast Room

CORE COMPETENCIES

Revenue Codes and Revenue Centers

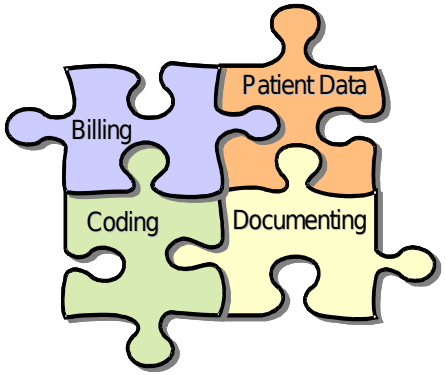


	Accommodation Codes
Rev Code	Description
071X	Recovery Room
072X	Labor Room/Delivery
073X	EKG/ECG
074X	EEG
075X	Gastrointestinal Svcs
076X	Treatment or Observiation Room
077X	Preventative Care Svcs
078X	Telemedicine
079X	Extra-Corporeal Shock Wave
080X	I/P Renal Dialysis

	Accommodation Codes
Rev Code	Description
081X	Acquisition of Body Comp.
082X	Hemodialysis - O/P or Home
083X	Pertoneal Dialysis - O/P
084X	CAPD Dialysis - O/P
085X	CCPD Dialysis - O/P
086X	Reserved for Dialysis
087X	Reserved for Dialysis
088X	Miscellaneous Dialysis
089X	Reserved
090X	Behavioral Health O/P

CORE COMPETENCIES

Revenue Codes and Revenue Centers

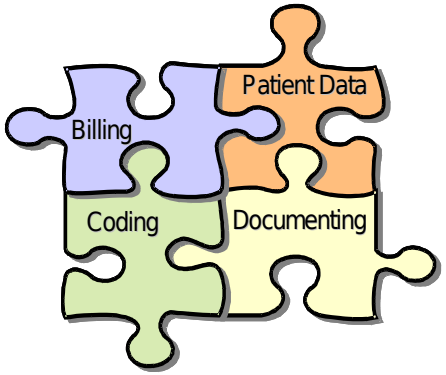


	Accommodation Codes
Rev Code	**Description**
091X	Behavioral Health Ext of 090X
092X	Other Diagnostic Svcs
093X	Medical Rehab Day Program
094X	Other Therapeutic Svcs
095X	Other Therapeutic Svcs Ext 094X
096X	Professional Fees
097X	Professional Fees Ext 096X
098X	Professional Fees Ext 096X & 097X
099X	Patient Convenience Items
100X	Behavioral Health Accommodations

	Accommodation Codes
Rev Code	**Description**
210X	Alternative Therapy Svcs
310X	Adult Care

CORE COMPETENCIES

Revenue Codes and Revenue Centers

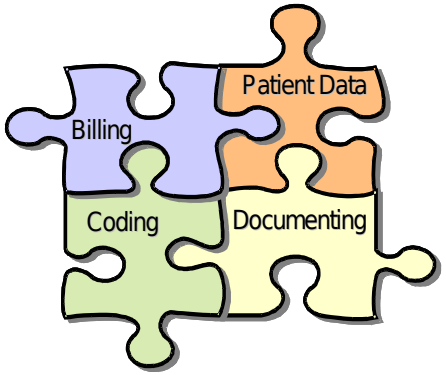


A Revenue Center is a place of where medical services are performed
The code for the revenue center is ONLY applicable to the UB92
claim form. The Revenue center "code" appears on both inpatient and
outpatient claims.

Since the same medical services can be performed in different physica
locations, a "CPT" can be associated with different revenue centers.
For instance, a minor surgical procedure can be performed in a clinic,
or in the Emergency Room.

So CPT code 10060 (drainage of a skin abscess) can have a revenue c
of 0510 or 0450

Revenue Codes and Revenue Centers



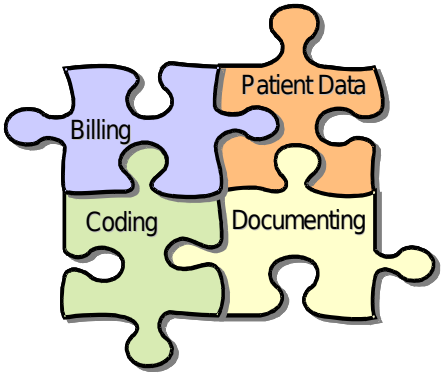
Most Revenue Center Codes are specific as to “type” of service such a
Pediatrics, Oncology, ICU, Trauma, Surgical, etc.

The revenue code for “other” is “9” and is assigned at state level for l
Billing needs. National payors will accept the “9” but will not accept t
if there is a more appropriate code to use.

Be careful when dealing with third party payors! Some payors will req
specific revenue center code for a service BUT that service can wind u
being paid at a lower rate based on the “suggested” revenue code.
For example, interventional radiology or ambulatory surgery.

CORE COMPETENCIES

Current Business Rules



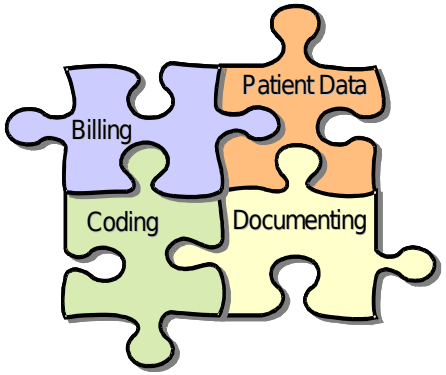
REVENUE CODES

Revised: 01 October 2003

1. Revenue codes are used on the UB-92 Claim Form to identify a specific accommodation for inpatient claims and ancillary services or billing calculation for outpatient claims. Revenue codes are populated in FL 42 of the UB-92 claim form.
2. It is possible to have the same revenue code for more than one line item.
3 Revenue code 001 (Total Charges) is the final entry on all bills.
4. The billing guidelines for revenue codes are extensive. "St. Anthony's UB-92 Editor" is recommended to be used as a resource. This book provides information regarding the correlation of HCPCS/CPT coding requirements to a revenue code as well as to the correct type of bill code definition.
5. While a Revenue Code to CPT Code Mapping table exists, the biller has the capability to change the code on an individual claim basis in TPOCS. This may occur in the event of an incorrect revenue code or when a payer requests a specific revenue code. Note: Currently, the revenue code (250) for internal and external pharmacy bills cannot be edited in TPOCS. Refer to the Functional Business Requirements section for additional information.

CORE COMPETENCIES

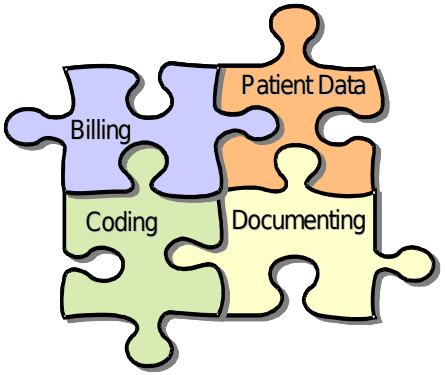
CPT Mapping Table



CPT			Description	Revenue Codes				
11001	00	1100100	DEBRIDE INFECTED SKIN ADD-ON	**510**	**450**	**361**	**920**	**940**
11010	00	1101000	DEBRIDE SKIN, FX	**510**	**450**	**360**	**920**	**940**
11011	00	1101100	DEBRIDE SKIN/MUSCLE, FX	**510**	**450**	**360**	**920**	**940**
11012	00	1101200	DEBRIDE SKIN/MUSCLE/BONE, FX	**510**	**450**	**360**	**920**	**940**
11040	00	1104000	DEBRIDE SKIN, PARTIAL	**510**	**450**	**360**	**920**	**940**
11041	00	1104100	DEBRIDE SKIN, FULL	**510**	**450**	**360**	**920**	**940**
11042	00	1104200	DEBRIDE SKIN/TISSUE	**510**	**450**	**360**	**920**	**940**
11043	00	1104300	DEBRIDE TISSUE/MUSCLE	**510**	**450**	**360**	**920**	**940**
11044	00	1104400	DEBRIDE TISSUE/MUSCLE/BONE	**510**	**450**	**360**	**920**	**940**
11055	00	1105500	TRIM SKIN LESION	**510**	**450**	**361**	**920**	**940**
11056	00	1105600	TRIM SKIN LESIONS, 2 TO 4	**510**	**450**	**361**	**920**	**940**
11057	00	1105700	TRIM SKIN LESIONS, OVER 4	**510**	**450**	**361**	**920**	**940**
11100	00	1110000	BIOPSY OF SKIN LESION	**510**	**450**	**361**	**920**	**940**

CORE COMPETENCIES

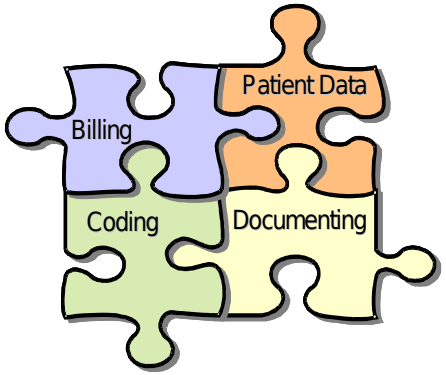
CPT Mapping Table



CPT		Description		Revenue Codes			
23600	00	2360000	TREAT HUMERUS FRACTURE	**510**	**450**	**360**	**920**
23605	00	2360500	TREAT HUMERUS FRACTURE	**360**	**450**	**510**	**920**
23615	00	2361500	TREAT HUMERUS FRACTURE	**360**	**450**	**510**	**920**
23616	00	2361600	TREAT HUMERUS FRACTURE	**360**	**450**	**510**	**920**
23620	00	2362000	TREAT HUMERUS FRACTURE	**510**	**450**	**360**	**920**
23800	00	2380000	FUSION OF SHOULDER JOINT	**360**	**450**	**510**	**920**
23802	00	2380200	FUSION OF SHOULDER JOINT	**360**	**450**	**510**	**920**
23900	00	2390000	AMPUTATION OF ARM & GIRDLE	**360**	**450**	**510**	**920**
23920	00	2392000	AMPUTATION AT SHOULDER JOINT	**360**	**450**	**510**	**920**
23921	00	2392100	AMPUTATION FOLLOW-UP SURGERY	**360**	**450**	**510**	**920**
23929	00	2392900	SHOULDER SURGERY PROCEDURE	**360**	**450**	**510**	**920**

CORE COMPETENCIES

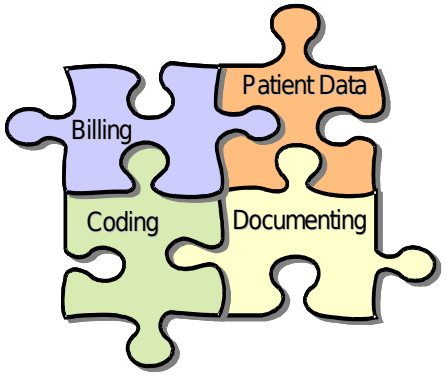
CPT Mapping Table



CPT			Description	Revenue Codes
76529	22	7652922	ECHO EXAM OF EYE	**402**
76529	26	7652926	ECHO EXAM OF EYE	**402**
76529	32	7652932	ECHO EXAM OF EYE	**402**
76529	50	7652950	ECHO EXAM OF EYE	**402**
76529	51	7652951	ECHO EXAM OF EYE	**402**
76529	99	7652999	ECHO EXAM OF EYE	**402**
76536	00	7653600	US EXAM OF HEAD AND NECK	**402**
76536	22	7653622	US EXAM OF HEAD AND NECK	**402**
76536	26	7653626	US EXAM OF HEAD AND NECK	**402**
76536	32	7653632	US EXAM OF HEAD AND NECK	**402**
76778	26	7677826	US EXAM KIDNEY TRANSPLANT	**402**
76778	32	7677832	US EXAM KIDNEY TRANSPLANT	**402**
76778	50	7677850	US EXAM KIDNEY TRANSPLANT	**402**
76778	51	7677851	US EXAM KIDNEY TRANSPLANT	**402**
76778	99	7677899	US EXAM KIDNEY TRANSPLANT	**402**
76800	00	7680000	US EXAM, SPINAL CANAL	**402**
76800	22	7680022	US EXAM, SPINAL CANAL	**402**
76800	26	7680026	US EXAM, SPINAL CANAL	**402**
76800	32	7680032	US EXAM, SPINAL CANAL	**402**
76801	00	7680100	OB US <14 WKS, SINGLE FETUS	**402**
76801	22	7680122	OB US <14 WKS, SINGLE FETUS	**402**
76801	26	7680126	OB US <14 WKS, SINGLE FETUS	**402**
76801	32	7680132	OB US <14 WKS, SINGLE FETUS	**402**

CORE COMPETENCIES

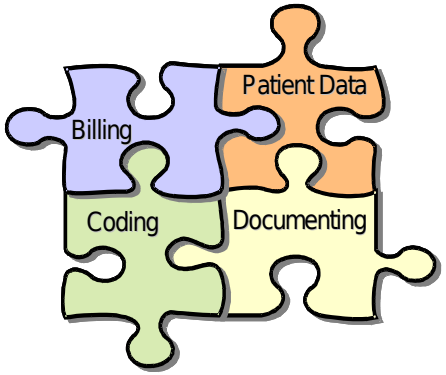
CPT Mapping Table



CPT			Description	Revenue Codes		
99275	00	9927500	CONFIRMATORY CONSULTATION	**657**		
99281	00	9928100	EMERGENCY DEPT VISIT	**450**		
99282	00	9928200	EMERGENCY DEPT VISIT	**450**		
99283	00	9928300	EMERGENCY DEPT VISIT	**450**		
99284	00	9928400	EMERGENCY DEPT VISIT	**450**		
99285	00	9928500	EMERGENCY DEPT VISIT	**450**		
99288	00	9928800	DIRECT ADVANCED LIFE SUPPORT	**450**		
99289	00	9928900	PT TRANSPORT, 30-74 MIN	**450**		
99290	00	9929000	PT TRANSPORT, ADDL 30 MIN	**450**		
99291	00	9929100	CRITICAL CARE, FIRST HOUR	**450**		
99292	00	9929200	CRITICAL CARE, ADDL 30 MIN	**450**		
99295	00	9929500	NEONATAL CRITICAL CARE	**360**	**450**	**510**

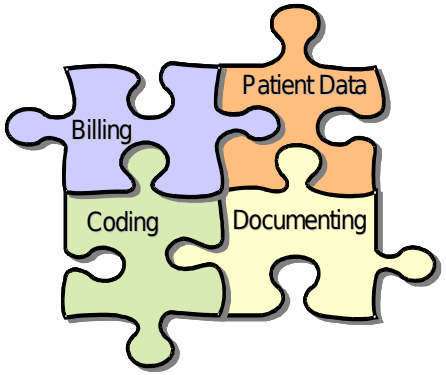
CORE COMPETENCIES

Revenue Codes and Revenue Centers



Questions of choice:

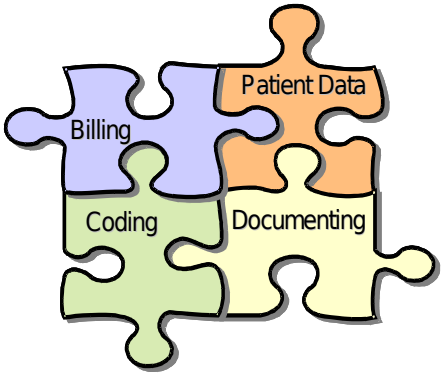
1. How many revenue center codes are associated with bed types?
2. How many revenue center codes are associated with medical/surgical supplies?
3. What ancillary services do not have revenue codes?
4. Must a CPT code ALWAYS be directly associated with the revenue center code where the service is performed?
5. Do modifiers have any effect on the choice of the revenue center?



Test Yourself

- How many Laboratory revenue codes are there?
- Can you use a generic code for billing?
- Can you name the different Lab areas that have revenue codes?

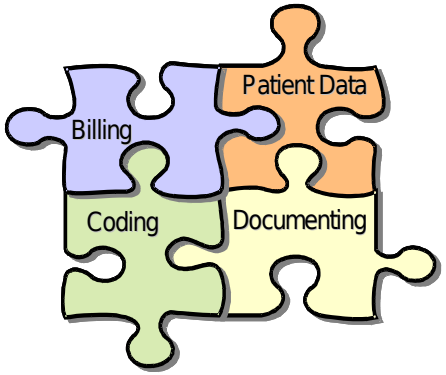
Test Yourself



- Are you aware of the “C” code list?
- Do you have physicians who perform outpatient surgery from the inpatient surgery list?
- Where do you document “time” in surgery?

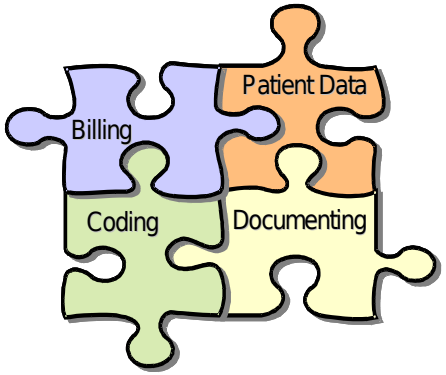
CORE COMPETENCIES

Other Questions

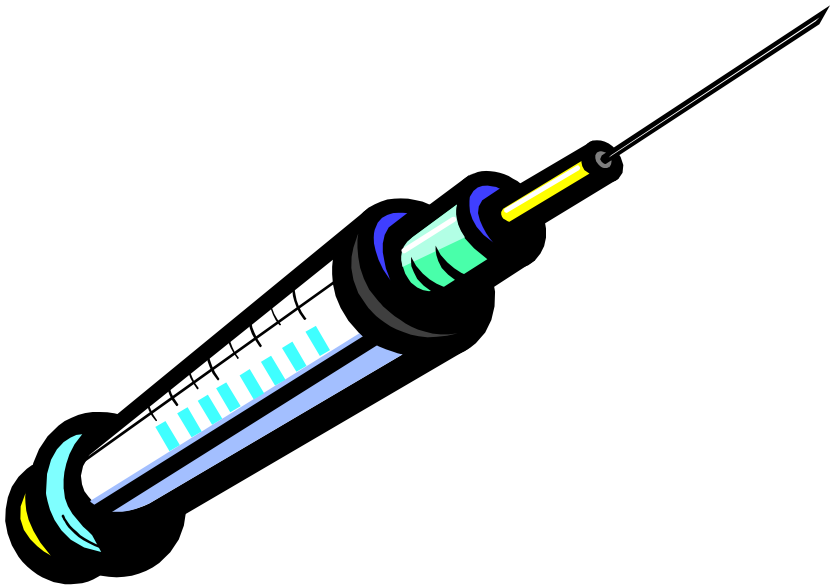


- Are there “problems” between CHCS and TPOCS “transferring” information?
- How many “itemized” line items on an outpatient bill is the average?
- Do you have “tools”?
- Describe some of your “workarounds” to get a bill out the door!
- How do you handle claim denials?
- What are some typical denials?

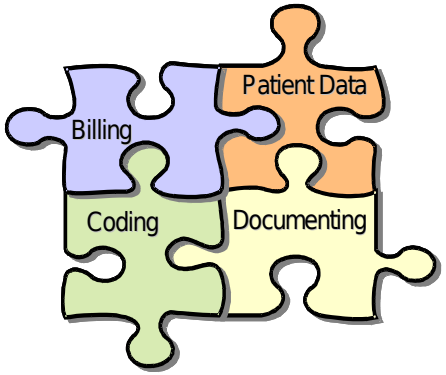
Areas for Discussion



- Immunizations
- Ambulatory Surgeries
- Revenue Codes
- Outpatient services
- Ancillaries
- Education & Training Tools and Courses
- Site visits

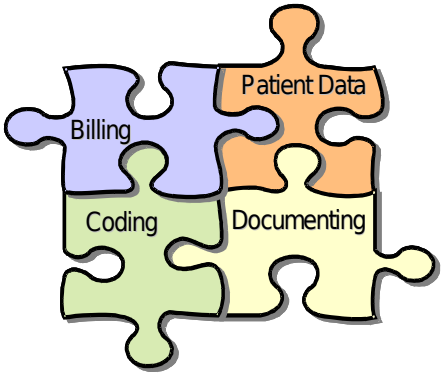


Compliance



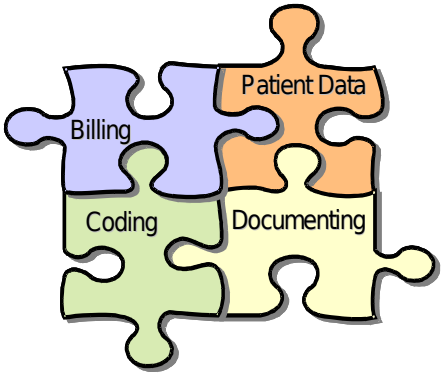
- Documentation must support billing – both Inpatient and Outpatient
- Revenue Codes are correct for ALL billing
- ICD-9 diagnosis supports billing process
- CPT codes are current and accurate

Summary



- Any better understanding of Revenue Centers and Revenue Codes?
- Place of Service coordinates with the Revenue Code for proper billing
- How about your current tables? CHCS and TPOCS – can they be better?
- How can we help each other?

Let's Talk!



- Questions?